

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ted Berry for Grove City Council						
Full Name of Contributor Ina Knupp				Registration Number, if PAC		
Street Address 4677 Harrisburg Pike		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 0	Amount \$250.00
Full Name of Contributor Rocky Black				Registration Number, if PAC		
Street Address 2152 Birch Bark Trail		Employer/Occupation/Labor Organization* Ohio Soy Bean Assoc.		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 0	Amount \$150.00
Full Name of Contributor Mary Ploetz				Registration Number, if PAC		
Street Address 4460 Windrow Drive		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 7	Y 3	Amount \$10.00
Full Name of Contributor Candice Bollinger				Registration Number, if PAC		
Street Address 2283 Birch Bark Trail		Employer/Occupation/Labor Organization* Self Employed		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 7	Y 2	Amount \$25.00
Full Name of Contributor Joseph Mahan				Registration Number, if PAC		
Street Address 300 West Spring Street; Unit 1804		Employer/Occupation/Labor Organization* Mahan Construction		Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 0	Amount \$3,000.00
Full Name of Contributor Karin Cash				Registration Number, if PAC		
Street Address 5432 Grove City Road		Employer/Occupation/Labor Organization* Self Employed - Blue Moon		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 7	Y 3	Amount \$200.00
Full Name of Contributor Stanley C. Gault				Registration Number, if PAC		
Street Address 407 West Wayne Ave		Employer/Occupation/Labor Organization* 		Form (Cash, Check, etc.) check		
City Wooster	State OH	Zip Code 44691	M 0	D 1	Y 0	Amount \$500.00
Full Name of Contributor John Dunn				Registration Number, if PAC		
Street Address 1710 Sioux Court		Employer/Occupation/Labor Organization* Monterey Care Center		Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 4	Y 2	Amount \$300.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$4,435.00**