

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--------------------|---|---------------|---------------|--|-----------------------------|--|
| Name of Committee in Full Citizens for Ted Berry | | | | | | | |
| Full Name of Contributor Diane James | | | | | Registration Number, if PAC | | |
| Street Address 3779 Magnolia St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Grove City | State OH | Zip Code 43123 | M 0 | D 9 | Y 0 | Amount \$50.00 | |
| Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC | | | | | Registration Number, if PAC LA1269 | | |
| Street Address 22 E. Town Street Lower Level Suite B | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43215 | M 0 | D 9 | Y 0 | Amount \$5,000.00 | |
| Full Name of Contributor Nicholas A Amicucci | | | | | Registration Number, if PAC | | |
| Street Address 4884 Shallowford Loop | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Grove City | State OH | Zip Code 43123 | M 0 | D 9 | Y 0 | Amount \$25.00 | |
| Full Name of Contributor IBEW PAC Voluntary Fund | | | | | Registration Number, if PAC | | |
| Street Address 900 Seventh Street, N.W. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Washington | State DC | Zip Code 20001 | M 0 | D 8 | Y 1 | Amount \$1,000.00 | |
| Full Name of Contributor William L Curlis | | | | | Registration Number, if PAC | | |
| Street Address 865 Macon Aly | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43206 | M 0 | D 9 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor Vorys Sater Seymour and Pease LLP Advocates for Effective Government | | | | | Registration Number, if PAC OH108 | | |
| Street Address 52 E. Gay Street, PO Box 1008 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43215 | M 0 | D 9 | Y 0 | Amount \$500.00 | |
| Full Name of Contributor Ted Rundio | | | | | Registration Number, if PAC | | |
| Street Address 8194 Mount Air Pl | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State OH | Zip Code 43235 | M 0 | D 9 | Y 0 | Amount \$25.00 | |
| Full Name of Contributor CALFEE Fund for Good Government | | | | | Registration Number, if PAC | | |
| Street Address 800 Superior Ave E, Suite 1400 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Cleveland | State OH | Zip Code 44114 | M 0 | D 8 | Y 3 | Amount \$500.00 | |

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)]