

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City							
Full Name of Contributor Beverly Babbert					Registration Number, if PAC		
Street Address 3310 Kingston Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 3	Y 1 3	Amount 50.00	
Full Name of Contributor Pedro Cadiz					Registration Number, if PAC		
Street Address 3350 Parkbrook Drive		Employer/Occupation/Labor Organization* Nurse			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 2 9	Y 1 3	Amount 25.00	
Full Name of Contributor Maria Capocciana					Registration Number, if PAC		
Street Address 1675 Borror		Employer/Occupation/Labor Organization* Nurse			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 2 9	Y 1 3	Amount 30.00	
Full Name of Contributor Hugh Garside					Registration Number, if PAC		
Street Address 4631 Lombardo Street		Employer/Occupation/Labor Organization* Southwestern City Schools			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 2 4	Y 1 3	Amount 50.00	
Full Name of Contributor Mary Shaw					Registration Number, if PAC		
Street Address 3646 Juniper Street		Employer/Occupation/Labor Organization* Attorney General			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 0 3	Y 1 3	Amount 500.00	
Full Name of Contributor Mark Altier					Registration Number, if PAC		
Street Address 10 North Market Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Troy	State O H	Zip Code 43123	M 0 7	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor Candice Bollinger					Registration Number, if PAC		
Street Address 2383 Birch Bark Trail		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 7	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor Brenda Hellard					Registration Number, if PAC		
Street Address 3151 Orders Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 7	D 2 8	Y 1 3	Amount 25.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 880.00