

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry				
Full Name of Contributor Mary Oconnor-Shaver		Registration Number, if PAC		
Street Address 347 Meadow Ash Dr	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Gavin R Larrimer		Registration Number, if PAC		
Street Address 2030 Aladdin Woods Ct	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Mark A Potts		Registration Number, if PAC		
Street Address 330 Guernsey Ave	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Jada M Brady		Registration Number, if PAC		
Street Address 1608 Arlington Ave	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Marble Cliff	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Tami K Kelly		Registration Number, if PAC		
Street Address 4134 Balsam Ave	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Randy L Holt		Registration Number, if PAC		
Street Address 2454 Martha's Wood Ct	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	Amount \$50.00
Full Name of Contributor Joseph A Ciminello		Registration Number, if PAC		
Street Address 7858 Calverton Sq	Employer/Occupation/Labor Organization*	M 0	D 5	Y 1216
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	Amount \$50.00

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 350.00