

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry for Grove City									
Full Name of Contributor William Merriman						Registration Number, if PAC			
Street Address 3769 Juniper			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Grove City		State O H		Zip Code 43123		M 0	D 7	Y 05	Amount 500.00
Full Name of Contributor Marie McKeon						Registration Number, if PAC			
Street Address 2633 Suann			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Grove City		State O H		Zip Code 43123		M 0	D 7	Y 04	Amount 100.00
Full Name of Contributor Margaret Huck						Registration Number, if PAC			
Street Address 1763 Morgan Street			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Wooster		State O H		Zip Code 44691		M 0	D 7	Y 01	Amount 50.00
Full Name of Contributor Donald Demkee						Registration Number, if PAC			
Street Address 1450 Christmas Run			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Wooster		State O H		Zip Code 44691		M 0	D 7	Y 01	Amount 50.00
Full Name of Contributor Ruth Ranke						Registration Number, if PAC			
Street Address 4619 Haughn Rd.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Grove City		State O H		Zip Code 43123		M 0	D 6	Y 26	Amount 50.00
Full Name of Contributor Candice Bollinger						Registration Number, if PAC			
Street Address 2383 Birch Bark			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Grove City		State O H		Zip Code 43123		M 0	D 6	Y 30	Amount 50.00
Full Name of Contributor Stanley C. Gault						Registration Number, if PAC			
Street Address 407 West Wayne Ave.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Wooster		State O H		Zip Code 44691		M 0	D 7	Y 06	Amount 250.00
Full Name of Contributor Beverly Babbert						Registration Number, if PAC			
Street Address 3310 Kingston			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Grove City		State O H		Zip Code 43123		M 0	D 6	Y 11	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,100.00