Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | | |
|---|--------------------|---|----------|-----------------------------|-----------------|--------------------------|--------------------------|--|
| 1 | | | | | | | | |
| Berry for Grove City Full Name of Contributor | · | | 12 | | | | | |
| | | | | Registration Number, if PAC | | | | |
| William Merriman Street Address | Employer/Occ | | | | | - /a . | | |
| 3769 Juniper | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | Retired State | Retired Zip Code | | | 1 1 | check | | |
| Grove City | O H | 1 | M | D | Y | Amount | E00.00 | |
| Full Name of Contributor | 0 11 | 43123 | 0 7 | | 1 1 Imber if | | 500.00 | |
| Marie McKeon | | | registi | alion Nu | imber, n | PAC | | |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization* | | | | Form (Cach) | Chack atc.) | |
| 2633 Suann | | Retired | | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | I M | 0 | Τ·v | check Amount | | |
| Grove City | O H | 43123 | | 0 4 | , , | Amount | 100.00 | |
| Full Name of Contributor | 0,11 | 4.012.0 | | | mber, if | PAC | 100.00 | |
| Margaret Fluck | | | negat. | 40000 | | , , , | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 1763 Morgan Street | Retired | Retired | | | | check | | |
| City | State | Zip Code | М | 0 | ΤΥ | Amount | | |
| Wooster | O : H | 44691 | 017 | 0 1 | $ _{1} _{1}$ | | 50.00 | |
| Full Name of Contributor | | | | | nber, if f | | 50.00 | |
| Donald Demkee | | |] | | | | | |
| Street Address | Employer/Occu | * | | | Form (Cash, C | heck, etc.) | | |
| 1450 Christmas Run | Retired | Retired | | | | check | · | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Wooster | OIH | 44691 | 0 7 | 0:1 | 1 1 | 1 | 50.00 | |
| Full Name of Contributor | • | <u> </u> | | | nber, if P | AC | | |
| Ruth Ranke | | | ĺ | | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 4619 Haughn Rd. | Retired | Retired | | | | check | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Grove City | OIH | 43123 | 0 6 | 2 6 | 1 1 | | 50.00 | |
| Full Name of Contributor | | - | Registra | itian Nun | nber, if P | AC | | |
| Candice Bollinger | | | L | | | | | |
| Street Address | Employer/Occur | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 2383 Birch Bark | Retired | | | | | | | |
| City | State | Zip Code | M | D | | Amount | | |
| Grove City | O H | 43123 | 0 6 | 3 0 | 1 1 | | 50.00 | |
| ull Name of Contributor | | | Registra | tion Num | ber, if P | AC | | |
| Stanley C. Gault | | | <u> </u> | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | I | Form (Cash, Check, etc.) | | |
| 407 West Wayne Ave. | | Retired | | | | | check | |
| • | 1 | Zip Code | M | D | | Amount | | |
| Wooster | O H | 44691 | 0 7 | | 1 1 | | 250.00 | |
| | | | Registra | tion Num | ber, if PA | AC . | | |
| Beverly Babbert Greet Address | | | | | | | | |
| | 1 ' | Employer/Occupation/Labor Organization* | | |] | Form (Cash, Check, etc.) | | |
| 3310 Kingston | Retired | State Zip Code | | | | check | | |
| Grove City | 1 1 | • | M | D | | Amount | | |
| Grove City | <u>O</u> H | 43123 | 0 6 | 1 1 | 1 1 | | 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 Fotal \$ 1,100.00