

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City				
Full Name of Contributor Scott McComb			Registration Number, if PAC	
Street Address 230 Barnell Court	Employer/Occupation/Labor Organization* Heartland Bank		M 0	D 9
City Gahanna	State o	Zip Code 43230	Y 1	Amount 500.00
Form(Cash,Check,etc) check				
Full Name of Contributor Joseph Mahan			Registration Number, if PAC	
Street Address 300 West Spring Street	Employer/Occupation/Labor Organization* Mahan Construction		M 0	D 9
City Grove City	State o	Zip Code 43215	Y 1	Amount 2,500.00
Form(Cash,Check,etc) check				
Full Name of Contributor Larry Jackson			Registration Number, if PAC	
Street Address 5128 Apple Glen Trl	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Grove City	State o	Zip Code 43123	Y 1	Amount 200.00
Form(Cash,Check,etc) check				
Full Name of Contributor Sharon Reichardt			Registration Number, if PAC	
Street Address 2427 Martha's Woods	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Grove City	State o	Zip Code 43123	Y 1	Amount 250.00
Form(Cash,Check,etc) check				
Full Name of Contributor Phyllis Glass			Registration Number, if PAC	
Street Address 3134 Barbee	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Grove City	State o	Zip Code 43123	Y 1	Amount 25.00
Form(Cash,Check,etc) check				
Full Name of Contributor Nora Matera			Registration Number, if PAC	
Street Address 6469 Portage	Employer/Occupation/Labor Organization* not employed		M 0	D 9
City Grove City	State o	Zip Code 43123	Y 1	Amount 25.00
Form(Cash,Check,etc) check				
Full Name of Contributor Steve Bennett			Registration Number, if PAC	
Street Address 1806 Hawthorne	Employer/Occupation/Labor Organization* Bennett Insurance		M 0	D 9
City Grove City	State o	Zip Code 43123	Y 1	Amount 50.00
Form(Cash,Check,etc) check				

* 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)]

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

4,025.00

Total expenditures this event

436.02

Page Total \$ **3,550.00**