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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Ted Berry					
Full Name of Contributor			Registration Number, if PAC		
Rick Young					
Street Address 4654 Adwell Loop	Employer/Occu Self Emp	pation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Grove City	State OH	Zip Code 43123	0 6 2 8 1 6	Amount \$25.00	
Full Name of Contributor			Registration Number, if PAC		
Shasta Preston					
Street Address 3090 Columbus St		Employer/Occupation/Labor Organization* Miami Trace Schools		Form (Cash, Check, etc.) Credit Card	
City		State Zip Code		Amount	
Grove City	OH	43123	0 6 2 8 1 6	\$25.00	
Full Name of Contributor Laurie Morgan				Registration Number, if PAC	
Street Address 3247 Kingswood Dr		pation/Labor Organization	-	Form (Cash, Check, etc.)	
		Church Residences		Credit Card	
City Grove City	State OH	Zip Code 43123	$\begin{bmatrix} 0 & 6 & 2 & 8 & 1 & 6 \end{bmatrix}$	Amount \$25.00	
Full Name of Contributor			Registration Number, if I	PAC	
Beverly R Babbert					
Street Address 3310 Kingston Avenue	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y	Amount	
Grove City	OH	43123	0 7 0 7 1 6	\$50.00	
Full Name of Contributor Frost Brown Todd LLC			Registration Number, if PAC OH783		
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
301 East Fourth Street, Suite 3300				Check	
City Cincinnati	State OH	Zip Code 45202	0 7 1 3 1 6	Amount \$250.00	
Full Name of Contributor	,		Registration Number, if I	PAC .	
Teachers for Schools					
Street Address 929 E Broad St	Employer/Occupation/Labor Organization*		<u> </u>	Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y 0 7 1 3 1 6	Amount	
Columbus	OH	43205	071316	\$1,000.00	
Full Name of Contributor Thomas P Pappas & Associates			Registration Number, if I	PAC	
Street Address	Employer, Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
66 East Lynn Street				Check	
City Columbus	Stake OH	Zip Code 43216	M D Y 0 7 1 8 1 6	Amount \$500.00	
Full Name of Contributor Steven R Robinette			Registration Number, if I	PÁČ	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
1166 Pinnacle Club Dr		•		Check	
City Grove City	State OH	Zip Code 43123	M D Y 0 7 1 8 1 6	Amount \$250.00	
1			1 - 1 - 1 - 1 - 1 - 1 -	\$ _55.00	

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)]