

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Berry For Grove City								
Full Name of Contributor			Reg	istration i	Number	if PAC		
Grove City Area Republican C	<u>lub</u>					,		
Street Address	Employer/0	Employer/Occupation/Labor Organization				Form (Cash	Chack of	
5880 Meadow Grove Drive				l l				
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Grove City		h 43123]1}	0 1	- 1		20	
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Rocky Black			"					
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2152 Birch Bark Drive	_ Ohio I	Ohio Dept. of Ag.					Form (Cash, Check, et	
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Kelly Piper			1	c. Gelgii i i	urnoen,	II PAC		
eet Address	Employer/Oc	Employer/Occupation/Labor Organization				Form (Coat)	di e t	
1603 Taylor Drive		Truck Driver					Form (Cash, Check, etc	
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Revnoldsburg	_ (0 F	1 '	1	7 1 9		Amount		
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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 \$	3,050.00