

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City									
Full Name of Contributor Grove City Area Republican Club						Registration Number, if PAC			
Street Address 5880 Meadow Grove Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City		State O h	Zip Code 43123		M 1 0	D 1 0	Y 1 1	Amount 300.00	
Full Name of Contributor Rocky Black						Registration Number, if PAC			
Street Address 2152 Birch Bark Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City		State o h	Zip Code 43123		M 1 0	D 1 8	Y 1 1	Amount 150.00	
Full Name of Contributor Kelly Piper						Registration Number, if PAC			
Street Address 1603 Taylor Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 7	D 1 9	Y 1 1	Amount 2,500.00	
Full Name of Contributor Rocky Black						Registration Number, if PAC			
Street Address 2152 Birch Bark Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City		State o h	Zip Code 43123		M 0 6	D 2 7	Y 1 1	Amount 100.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* 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 \$ 3,050.00