

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City							
Full Name of Contributor Loretta E. Johnson					Registration Number, if PAC		
Street Address 3370 Tareyton Drive		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 2 5	Y 1 3	Amount 80.00	
Full Name of Contributor Grant Street Consultants LLC					Registration Number, if PAC		
Street Address 49 S. Grant Street		Employer/Occupation/Labor Organization* Consulting Firm			Form (Cash, Check, etc.) check		
City Columbus, Ohio	State O H	Zip Code 43215	M 1 1	D 0 5	Y 1 3	Amount 500.00	
Full Name of Contributor Scott McComb					Registration Number, if PAC		
Street Address 1641 Oxbow Dr.		Employer/Occupation/Labor Organization* Heartland Bank			Form (Cash, Check, etc.) check		
City Blacklick	State O h	Zip Code 43004	M 1 1	D 0 4	Y 1 3	Amount 200.00	
Full Name of Contributor Larry Jackson					Registration Number, if PAC		
Street Address 5128 Apple Glenn		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O h	Zip Code 43123	M 1 1	D 0 4	Y 1 3	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 \$ 880.00