3	1	-A			
Q	C	351	7	1	r

P	age _	 

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					····	
Name of Committee in Full						
Ted Berry for Grove City Cou	ncil					
Full Name of Contributor			Registration	Registration Number, if PAC		
Robert E. Morgan Jr.						
Street Address	Employer/Occu	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
777- Haenszel Road	Retired				check	
City	State	Zip Code	M [		Amount	
Grove City	O   H	43123		6 0 9		
Full Name of Contributor			Registration	Number, if F	PAC	
Rodney Channel						
Street Address	Employer/Occi	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
4113 Sassafras Ct.					check	
City	State	Zip Code	M E	) Y	Amount	
Grove City	O   H	43123	0 9 1	7 0 9	25.00	
Full Name of Contributor			Registration			
Street Address	Employer/Occi	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
City	State	Zip Code	M [	) Y	Amount	
	i.					
Full Name of Contributor			Registration	Number, if I	PAC	
Street Address	Employer/Occi	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
City	State	Zip Code	M [	) Y	Amount	
Full Name of Contributor			Registration	Number, if	PAC	
Street Address	Employer/Occ	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	Y	Amount	
,						
Full Name of Contributor			Registration	Number, if	PAC	
Street Address	Employer/Occ	upation/Labor Organizat	tion*		Form (Cash, Check, etc.)	
City	State	Zip Code	М	) Y	Amount	
Full Name of Contributor	i	<del></del>	Registration	Number, if	PAC	
Street Address	Employer/Occ	upation/Labor Organiza	tion*		Form (Cash, Check, etc.)	
of sections and sections and sections are sections are sections and sections are se						
City	State	Zip Code	M	) Y	Amount	
only		12,5 3333				
Full Name of Contributor			Registration	Number, if	PAC	
all Name of Contributor						
Street Address	Employer/Occ	upation/Labor Organiza	tion*		Form (Cash, Check, etc.)	
on con nadicas	Employer/ Occ	apation, capor organiza			(Sacra Groom, Story)	
City	State	Zip Code	М	D Y	Amount	
OK.	State	F 0000				
				<u> </u>	ı	

Page T	otal \$	1,025.00
l		

<sup>\*</sup> 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)]