

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Ted Berry</b>									
Full Name of Contributor <b>Frank Ray</b>						Registration Number, if PAC			
Street Address <b>No address</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>No Address</b>			State <b>OH</b>		Zip Code		M D Y <b>1 1 0 5 1 6</b>		Amount <b>\$250.00</b>
Full Name of Contributor <b>O.C.S.E./A.F.S.C.M.E. Local 11 Political Action Fund</b>						Registration Number, if PAC <b>LA292</b>			
Street Address <b>390 Worthington Rd, Ste A</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>			State <b>OH</b>		Zip Code <b>43082</b>		M D Y <b>1 1 0 5 1 6</b>		Amount <b>\$1,000.00</b>
Full Name of Contributor <b>INTERNET</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City			State <b>OH</b>		Zip Code		M D Y <b>1 1 0 8 1 6</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>INTERNET</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City			State <b>OH</b>		Zip Code		M D Y <b>1 1 0 9 1 6</b>		Amount <b>\$350.00</b>
Full Name of Contributor <b>Nationwide Mutual Insurance Co Political Action Committee</b>						Registration Number, if PAC <b>????</b>			
Street Address <b>???????</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43215</b>		M D Y <b>1 1 1 4 1 6</b>		Amount <b>\$500.00</b>
Full Name of Contributor <b>Joseph P Mahan</b>						Registration Number, if PAC			
Street Address <b>2074 Yorkshire Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>			State <b>OH</b>		Zip Code <b>43221</b>		M D Y <b>1 1 1 6 1 6</b>		Amount <b>\$1,000.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M D Y <b>1 1 0 2 1 6</b>		Amount <b>\$1,250.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City			State <b>OH</b>		Zip Code		M D Y <b>1 0 2 7 1 6</b>		Amount <b>\$150.00</b>

\* 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)]

Page Total **\$4,600.00**