

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Mayor				
Full Name of Contributor Chris Fulton			Registration Number, if PAC	
Street Address 4541 Bent Creek PL	Employer/Occupation/Labor Organization* Lawyer		M D Y 0 9 1 7 1 1	Amount 25.00
City Grove City	State O h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Christopher Borghese			Registration Number, if PAC	
Street Address 1978 Bald Eagle	Employer/Occupation/Labor Organization* Verizon		M D Y 0 9 1 7 1 1	Amount 50.00
City Grove City	State O h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Candice Bollinger			Registration Number, if PAC	
Street Address 2383 Birch Bark Trail	Employer/Occupation/Labor Organization* retired		M D Y 0 9 1 7 1 1	Amount 200.00
City Grove City	State O h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Diego Charria			Registration Number, if PAC	
Street Address 2268 Shuford Dr.	Employer/Occupation/Labor Organization* Ohio Dept. Public Safety		M D Y 0 9 1 7 1 1	Amount 50.00
City Dublin	State O h	Zip Code 43016	Form(Cash,Check,etc) check	
Full Name of Contributor Robert Starrett			Registration Number, if PAC	
Street Address 4335 Waterside PL	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 1 7 1 1	Amount 100.00
City Grove City	State O h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Ronald Herron			Registration Number, if PAC	
Street Address 2466 Birch Bark Trl	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 1 7 1 1	Amount 50.00
City Grove City	State O h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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(8)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

4,025.00

Total expenditures this event

436.02

Page Total \$ 475.00