

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City							
Full Name of Contributor Stanley C. Gault					Registration Number, if PAC		
Street Address 407 W. Wayne Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Wooster	State O H	Zip Code 44691	M 0 8	D 0 1	Y 1 3	Amount 500.00	
Full Name of Contributor Larry Jackson					Registration Number, if PAC		
Street Address 5128 Apple Glen Trl		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 0 1	Y 1 3	Amount 250.00	
Full Name of Contributor Mark Shaw					Registration Number, if PAC		
Street Address 4165 Haughn Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 2	Y 1 3	Amount 50.00	
Full Name of Contributor Eric Senders					Registration Number, if PAC		
Street Address 23366 Commerce Park		Employer/Occupation/Labor Organization* FSS Hydro LLC			Form (Cash, Check, etc.) check		
City Beachwood	State O H	Zip Code 43123	M 1 0	D 0 9	Y 1 3	Amount 100.00	
Full Name of Contributor C. Jeffery Mahan					Registration Number, if PAC		
Street Address 3400 Southwest Blvd.		Employer/Occupation/Labor Organization* Mahan Construction			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 4	Y 1 3	Amount 1,100.00	
Full Name of Contributor Douglas Shevelow					Registration Number, if PAC		
Street Address 8688 Cedarbrook Street NW		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43123	M 1 0	D 1 1	Y 1 3	Amount 50.00	
Full Name of Contributor Christopher Slagle					Registration Number, if PAC		
Street Address 478 Blenheim Road		Employer/Occupation/Labor Organization* Brickler and Eckler			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 1 1	Y 1 3	Amount 100.00	
Full Name of Contributor Faith Williams					Registration Number, if PAC		
Street Address 9058 Kildoon Courth		Employer/Occupation/Labor Organization* Brickler and Eckler			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 1 1	Y 1 3	Amount 100.00	

* 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 \$ 2,250.00