

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City							
Full Name of Contributor Grace Drake					Registration Number, if PAC		
Street Address 5954 Briardale Lane		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Solon	State O   H	Zip Code 43123	M 1   0	D 0   1	Y 1   3	Amount 1,000.00	
Full Name of Contributor Leonard Fields					Registration Number, if PAC		
Street Address 14701 Gibson		Employer/Occupation/Labor Organization* Oberer's Flowers			Form (Cash, Check, etc.) Check		
City Ashville	State O   H	Zip Code 43123	M 1   0	D 0   1	Y 1   3	Amount 250.00	
Full Name of Contributor Larry Jackson					Registration Number, if PAC		
Street Address 5128 Aple Geln TRL		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O   H	Zip Code 43123	M 0   9	D 2   8	Y 1   3	Amount 250.00	
Full Name of Contributor Candice Bollinger					Registration Number, if PAC		
Street Address 2383 Birch Bark Trail		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O   H	Zip Code 43123	M 0   9	D 3   0	Y 1   3	Amount 200.00	
Full Name of Contributor Lisa LeVally					Registration Number, if PAC		
Street Address 4016 Thompson		Employer/Occupation/Labor Organization* Grove City Methodist Church			Form (Cash, Check, etc.) check		
City Gove City	State O   H	Zip Code 43123	M 1   0	D 0   1	Y 1   3	Amount 50.00	
Full Name of Contributor Robin Starrett					Registration Number, if PAC		
Street Address 4335 Waterside PL		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City 4335 Waterside PL	State O   H	Zip Code 43123	M 0   9	D 2   9	Y 1   3	Amount 75.00	
Full Name of Contributor Ronald Herron					Registration Number, if PAC		
Street Address 2466 Birch Bark Trail		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O   H	Zip Code 43123	M 0   9	D 2   4	Y 1   3	Amount 100.00	
Full Name of Contributor Citizens for Maria Klemack-McGraw					Registration Number, if PAC		
Street Address 2579 Scott Court		Employer/Occupation/Labor Organization* Nationwide Childrens Hospital			Form (Cash, Check, etc.) check		
City Grove City	State O   H	Zip Code 43123	M 0   9	D 2   9	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 \$ 2,025.00