Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Ted Berry for Grove City Council				
Full Name of Contributor Janice Leverington			Registration Number, if PA	C
Street Address P.O. Box 4134	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43016	0 4 1 1 0 9	Amount \$500.00
Full Name of Contributor Registration Number, if PAG Registration Number, if PAG Registration Number, if PAG Registration Number, if PAG Registration Number, if PAG				VC
Beverly Babbert Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
3310 Kingston Ave	Southwestern City Schools			check
City Grove City	State OH	Zip Code 43123	0 4 2 0 0 9	Amount \$200.00
Full Name of Contributor Larry Jackson	Registration Number, if PA			AC .
Street Address 5128 Apple Glen Tr.	Employer/Occupati Retired	ion/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	M 5 D Y 0 9	Amount \$300.00
Full Name of Contributor Registration Number, if PAC Greg Skinner				
Street Address	1 " "	ion/Labor Organization*		Form (Cash, Check, etc.)
2196 Stringtown Road	Realtor	Tria Codo	M D Y	check Amount
City Grove City	State OH	Zip Code 43123	022109	\$50.00
Full Name of Contributor Registration Number, if PAC Larry Jackson				
Street Address 5128 Apple Glen Tr.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	0 2 2 7 0 9	Amount \$300.00
Full Name of Contributor				
Larry Jackson Fendous (Counseign/Labor Occanization* From (Cash, Check, etc.				
Street Address 5128 Apple Glen Tr.	Employer/Occupation/Labor Organization* Retired			check
City Grove City	State OH	Zip Code 43123	0 6 0 8 0 9	Amount \$300.00
Full Name of Contributor Registration Number, if PAG				AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$1,650.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]