

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ted Berry For Grove City Council									
Full Name of Contributor Grove City Area Republican Party						Registration Number, if PAC			
Street Address 3310 Kingston Ave			Employer/Occupation/Labor Organization* Political Party				Form (Cash, Check, etc.) check		
City Grove City	State oh	Zip Code 43123	M 1	D 0	Y 2	Amount 222.00			
Full Name of Contributor Ted A. Berry						Registration Number, if PAC			
Street Address 3311 Summer Glenn Drive			Employer/Occupation/Labor Organization* The Candidate				Form (Cash, Check, etc.) check		
City Grove City	State O	Zip Code H 43123	M 1	D 2	Y 0	Amount 1,500.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
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City	State	Zip Code	M	D	Y	Amount			
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City	State	Zip Code	M	D	Y	Amount			
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

\* 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 \$ 1,722.00