

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry											
Full Name of Contributor Elisabeth Kelley						Registration Number, if PAC					
Street Address 424 S Harding Rd			Employer/Occupation/Labor Organization Oakwood Mgt Co				Form (Cash, Check, etc.) Credit Card				
City Columbus		State OH		Zip Code 43209		M 0		D 7		Y 1 9 1 6	
						Amount \$500.00					
Full Name of Contributor Diane James						Registration Number, if PAC					
Street Address 3779 Magnolia St			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Credit Card				
City Grove City		State OH		Zip Code 43123		M 0		D 7		Y 2 4 1 6	
						Amount \$50.00					
Full Name of Contributor William Stewart						Registration Number, if PAC					
Street Address 12108 Waterford Way Pl			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Credit Card				
City Henrico		State VA		Zip Code 23233		M 0		D 7		Y 3 0 1 6	
						Amount \$100.00					
Full Name of Contributor David Nadolny						Registration Number, if PAC					
Street Address 175 Kenbrook Dr			Employer/Occupation/Labor Organization Franklin County BDD				Form (Cash, Check, etc.) Credit Card				
City Worthington		State OH		Zip Code 43085		M 0		D 8		Y 0 1 1 6	
						Amount \$100.00					
Full Name of Contributor David Nadolny						Registration Number, if PAC					
Street Address 175 Kenbrook Dr			Employer/Occupation/Labor Organization Franklin County BDD				Form (Cash, Check, etc.) Credit Card				
City Worthington		State OH		Zip Code 43085		M 0		D 8		Y 0 2 1 6	
						Amount \$200.00					
Full Name of Contributor Michael A Turner						Registration Number, if PAC					
Street Address 5941 Saphire Court			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check				
City Grove City		State OH		Zip Code 43123		M 0		D 7		Y 2 1 1 6	
						Amount \$100.00					
Full Name of Contributor Charles W Boso, Jr						Registration Number, if PAC					
Street Address 4416 Bryston Rd			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check				
City Grove City		State OH		Zip Code 43123		M 0		D 7		Y 2 7 1 6	
						Amount \$150.00					
Full Name of Contributor Donald T Plank						Registration Number, if PAC					
Street Address 145 E. Rich Street, 3rd Floor			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check				
City Columbus		State OH		Zip Code 43215		M 0		D 8		Y 0 3 1 6	
						Amount \$150.00					

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)]