

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry for Grove City							
Full Name of Contributor Johnathan Downes						Registration Number, if PAC	
Street Address 400 South 5th Street			Employer/Occupation/Labor Organization* Downes Dishel Hass LLP			Form (Cash, Check, etc.) check	
City Columbus		State O   h	Zip Code 43215	M 0   8	D 0   4	Y 1   1	Amount 100.00
Full Name of Contributor David Brigh						Registration Number, if PAC	
Street Address 2916 Buxton Lane			Employer/Occupation/Labor Organization* Private Insurance Broker			Form (Cash, Check, etc.) check	
City Grove City		State O   h	Zip Code 43123	M 0   8	D 0   6	Y 1   1	Amount 50.00
Full Name of Contributor Frank Meznarch						Registration Number, if PAC	
Street Address 5819 Katara Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Galloway		State o   h	Zip Code 43119	M 0   8	D 1   2	Y 1   1	Amount 2,000.00
Full Name of Contributor Tracy M. Whitney						Registration Number, if PAC	
Street Address 4930 Cemetery Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard		State O   h	Zip Code 43026	M 0   8	D 1   2	Y 1   1	Amount 500.00
Full Name of Contributor Jeff LeVally						Registration Number, if PAC	
Street Address 4016 Thompson			Employer/Occupation/Labor Organization* Surveyer			Form (Cash, Check, etc.) check	
City Grove City		State O   h	Zip Code 43123	M 0   8	D 2   6	Y 1   1	Amount 50.00
Full Name of Contributor Joseph P. Mahan						Registration Number, if PAC	
Street Address 300 West Spring Street			Employer/Occupation/Labor Organization* Mahan Construction			Form (Cash, Check, etc.) check	
City Columbus		State O   h	Zip Code 43215	M 0   8	D 2   3	Y 1   1	Amount 5,000.00
Full Name of Contributor Rodney Channell						Registration Number, if PAC	
Street Address 4113 Sassafras Ct.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check	
City Grove City		State O   h	Zip Code 43123	M 0   8	D 2   5	Y 1   1	Amount 100.00
Full Name of Contributor John Dunn						Registration Number, if PAC	
Street Address 1710 Sioux Court			Employer/Occupation/Labor Organization* Macintosh Company			Form (Cash, Check, etc.) check	
City Grove City		State O   h	Zip Code 43123	M 0   8	D 2   5	Y 1   1	Amount 500.00

\* 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 \$ 8,300.00