Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Citizens for Ted Berry				
Full Name of Contributor Squire Patton Boggs			Registration Number, if	PAC
Street Address 4900 Key Tower, 127 Public Square	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44114	M D Y 0 9 1 6	Amount \$1,000.00
Full Name of Contributor Fifth Third Bancorp PAC		Registration Number, if PAC C00290502		
Street Address 545 E Town Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 0 4 1 6	Amount \$2,500.00
Full Name of Contributor Meyer & Kerschner, LTD			Registration Number, if PAC	
Street Address PO Box 400	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tiffin	State OH	Zip Code 44883	1 0 1 3 1 6	Amount \$150.00
Full Name of Contributor FOP Political Education Fund	<u> </u>	,	Registration Number, if I	PÂC
Street Address 6800 Schrock Hill Ct	Employer, Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	1 0 0 8 1 6	Amount \$1,000.00
Full Name of Contributor Matthew Minich			Registration Number, if I	PAC
Street Address 7895 Silver Lake Ct	Employer Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	1 0 0 8 1 6	Amount \$250.00
Full Name of Contributor John Oberle Registration Number, if PAC				
Street Address 60 W Southington Ave	Employer Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43085	1 0 0 8 1 6	Amount \$300.00
Full Name of Contributor Michael Jordan			Registration Number, if I	PAC
Street Address 6130 Headley Road	Employer, Occu	pation/Labor Organization	<u> </u>	Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	1 0 0 8 1 6	Amount \$350.00
Full Name of Contributor Hansel Rhee			Registration Number, if I	PAC
Street Address 4045 Holkham	Employer Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	1 0 0 8 1 6	Amount \$350.00

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)]

Page Total \$5,900.00