

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry						
Full Name of Contributor Philip K Hartmann				Registration Number, if PAC		
Street Address 7126 Wilton Chase	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Darrell A Gammell				Registration Number, if PAC		
Street Address 303 Siebert St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank J Reed Jr ESQ				Registration Number, if PAC		
Street Address 10 W Broad St. STE 2300	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Whitney Ellen Smith				Registration Number, if PAC		
Street Address 711 Mohican Way	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pizzuti PAC/OH 1260				Registration Number, if PAC 1260		
Street Address 629 N High St STE 500	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anthony J Slanec				Registration Number, if PAC		
Street Address 131 E Moier St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary L Schaeffer				Registration Number, if PAC		
Street Address 4758 Turning Leaf Pl	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 990.00