Page	

## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee																		
Ted Berry For Grove	City	Cou	ncil															
From Whom Received												Pri	or An	nount				Amt, Incurred this Period
Ted A. Berry												_L_				0.0	00	500.00
Address																		Outstanding Balance
3311 Summer Glenn	Drive	9																
City	State Zip Code Loans Received This Period								ı	Payments This Period								
Grove City	0	H 43	3123				Date				Amount	$\perp$			Date	•		Amount
Date Loan was originally	М		D	Y	М		D		Υ	\$		-	М	D		Y.		\$
Incurred	0	$1 \mid 0$	4	0 9				L				$\perp$						
Registration Number, if PAC					М		D	T	Υ				М	D		Y		
										<u> </u>								
Employer/Occupation/Labor Organiza	tion*				М		D		Υ	1			М	D		Y		
			W110147100010							<u> </u>		$oldsymbol{\perp}$						
From Whom Received												Pr	ior An	nount				Amt. Incurred this Period
												_L				MANOR PROPERTY.		
Address																		Outstanding Balance
City	Stat	te Zij	Code	9		Loar	ns Rece	ved	This	Period		-	1 .					ents This Period
					<u> </u>		Date				Amount	┸			Date			Amount
Date Loan was originally	М		D	Y	М		D		Y	\$		ı	М	l P		Y		\$
Incurred			İ															
Registration Number, if PAC					М		D		Υ				М	D		Y		
																ļ.,		
Employer/Occupation/Labor Organiza	tion*				М		D		Y				М	D		Y	ı	
										<u> </u>			٠.	لسل				A COLUMN AREA DESIGNATION
From Whom Received												Pr	ior ar	nount				Amt. Incurred this Period
												_	77.5.A.S.				SMSSS:	Outstanding Balance
Address																		Outstanding balance
	1 6	. 13:			т							_			96689			. 701 D 1
City	Sta	te Zi	COG	е	1	Loa	ns Received This Period  Date Amount						Date					ents This Period Amount
	М	_	D	ΙΥ	М		Date		Y	\$	Amount		М	TD		T	,	\$
Date Loan was originally	ivi		ı		"				i	1			"		1	1	ł	ľ
Incurred Registration Number, if PAC				1	M	-	D		Y	╁			М	10	L	<del>  Y</del>	<del>,</del>	
Registration number, it rac					"				i			1						
Employer/Occupation/Labor Organiza	tion*				М		D	+-	Y	_		-	М	+ c	L }	Y	,	
Employer/Occupation/Cabor Organiza	CIOIT						Ĭ		i					-			1	
* Required for contributions over \$10 if any, rather than employer should be the employees are members, if any, n	e listed. nust app	If two bear. R	ormo .C. 35	re emplo 517.10(8	yees (	dona	ite via p	ayrı	oll de	ductic	n and exceed the ag	ggreg	ate o	f \$10	0, tl	ne lat	oor o	organization of which
If a loan is forgiven, write "Forgiven" Transfer total of all payments made in	n the "( n this pe	Outsta eriod t	nding o the	Balance' Stateme	'spac	e. Tr Expe	ansfer nditure	tota s (F	il of a orm N	II Ioan Io. 31	s received this perio -B). Transfer Total (	od to Outst	the Si anding	tatem g Bala	ent nce	of Ot to th	ther ne co	Income (Form No. 31-A-2). over page (Form No. 30-A).
<sup>1</sup> Total prior amount \$				0.00	_													
<sup>2</sup> Total received this period \$				į	500.0	00	(To Fo	orm	No. 3	1-A-2	)							
<sup>3</sup> Total Payments this Period \$	Total Payments this Period \$ 0.00					(also record on Form 31-B)												
<sup>4</sup> Total Outstanding Balance \$					0.0	00	(To Fo	orm	No. 3	(A-O								