

# 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 Renee K Vogel				Registration Number, if PAC	
Street Address 4452 Niagara Ave		Employer/Occupation/Labor Organization*		M 0	D 5
City San Diego		State CA	Zip Code 92107	Y 1	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 	D 	Y 	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 	D 	Y 	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 	D 	Y 	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
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Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 	D 	Y 	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$1,050.00

Total expenditures this event.

\$730.00

Page Total \$ 200.00