Page .	

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee	~:				ı																
Ted Berry For Grove C	_10	<u> </u>	_ou	ncı.	<u>l</u>									Prior	Am	ount			1,	Amt. Incurred this Period	
														11101	/3131	ounc	1	0.00		1,500.00	
Ted A. Berry Address). O(Outstanding Balance	
3311 Summer Glenn I)ri:	υa																		3 .	
City			7in	Cod	e	T	100	one Poce	ivac	1 Thi	c Da	riod		200000000	Wales of the last	200000000000000000000000000000000000000	0.572.000	Pav	mei	nts This Period	
Grove City	State Zip Code Loar							ns Received This Period Date Amount							Payments This Period Date Amount						
Date Loan was originally	M	1		D	Ϋ́	1	4	ΤD		Υ	П	\$		М		D	Т	Υ	1	\$	
Incurred											١								- [
Registration Number, if PAC			1	ــــــــــــــــــــــــــــــــــــــ		- N	1	D	+	Y	┪			М		Ď	+	Y	+		
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Employer/Occupation/Labor Organization*			N	1	D	\top	Y	\exists			М		D	1	Y	1					
Employer/ Occupacions Euror Organization														1							
From Whom Received									and the second s							ount			ľ	Amt. Incurred this Period	
Address																				Outstanding Balance	
City	St	ate	Zip	Cod	e	Loans Received Date					his Period Amount				Paym Date					nts This Period Amount	
Date Loan was originally Incurred	М			D 	Y	١	4	D		Y		\$		М		D 		Y		\$	
Registration Number, if PAC						1	4	D		Y				М		D	_	Y	1		
Employer/Occupation/Labor Organization	ภ*					+	4	D	+	Y	1			М		D	+	Y	1		
																<u> </u>	1		4	A	
From Whom Received														Prior	Αm	ount				Amt. Incurred this Period	
Address																				Outstanding Balance	
	-																				
City	St	ate	Zip	Cod	le		Loa		ans Received This Period							_		Pay	/me	nts This Period Amount	
		<u></u>	-		T v		1	Date				Φ	Amount	М		D.	ate	Y		\$	
Date Loan was originally Incurred	М			D 	Y	- []	4	D		Υ		\$						1		Φ	
Registration Number, if PAC		ل				7	И	D	1	Y				М		D		Y	1		
Employer/Occupation/Labor Organization	n*					+	vi.	D		Y	\dashv			М		D	+	Y,	1		
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* Required for contributions over \$100 if any, rather than employer should be lithe employees are members, if any, mu	stec	d. If	two	ormo	ore empl	loyees	don														
If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in t																					
Total prior amount \$					0.00)_															
Total received this period \$	1,500.00						_ (To F	_ (To Form No. 31-A-2)													
³ Total Payments this Period \$	0.00						_ (also	(also record on Form 31-B)													
4 Total Outstanding Balance \$	0.00							(To F	orm	No.	30	-A)									