

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Ted Berry</b>							
Full Name of Contributor <b>Christopher Slagle</b>					Registration Number, if PAC		
Street Address <b>2635 E Broad St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Bexley</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>FSCME Ohio Council 8, AFL-CIO</b>					Registration Number, if PAC <b>LA1273</b>		
Street Address <b>900 North High Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>J. Bradley Stair</b>					Registration Number, if PAC		
Street Address <b>4537 Hirth Hill Rd E</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Contributions from Form No 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>5</b>	Y <b>1</b>	Amount <b>\$1,050.00</b>	
Full Name of Contributor <b>Contributions from Form No 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>\$3,560.00</b>	
Full Name of Contributor <b>Contributions from Form No 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$5,500.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	

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)]