

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 Maxine Carmony Shelley			Registration Number, if PAC										
Street Address 8071 Canaan Center Rd		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Wooster		State OH	Zip Code 44691	Amount \$25.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor David Graeff			Registration Number, if PAC										
Street Address 4756 Crazy Horse Ln		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Westerville		State OH	Zip Code 43081	Amount \$100.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor Nancilynn B Gobey, ESQ			Registration Number, if PAC										
Street Address 135 S Harding Rd		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Columbus		State OH	Zip Code 43209	Amount \$50.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor Laurie A Morgan			Registration Number, if PAC										
Street Address 3247 Kingswood Dr		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Grove City		State OH	Zip Code 43123	Amount \$75.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor Erik F Yassenoff			Registration Number, if PAC										
Street Address 2012 Tremont Rd		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Columbus		State OH	Zip Code 43221	Amount \$100.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor David Adrian			Registration Number, if PAC										
Street Address 912 Cherryfield Ave		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Columbus		State OH	Zip Code 43235	Amount \$100.00 Form (Cash, Check, etc.) Check									
Full Name of Contributor Candice A Bollinger			Registration Number, if PAC										
Street Address 2383 Birch Bark Trail		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table>	M	D	Y	0	5	1	2	1	6
M	D	Y											
0	5	1											
2	1	6											
City Grove City		State OH	Zip Code 43123	Amount \$50.00 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 \$ 500.00