

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Berry For Grove City</b>							
Full Name of Contributor <b>Neil Clark</b>					Registration Number, if PAC		
Street Address <b>49 South Grant Street</b>		Employer/Occupation/Labor Organization* <b>Grant Street Coultling LLC</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b> <input type="checkbox"/>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>5</b>	Amount <b>\$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> <input type="checkbox"/>	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> <input type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b> <input type="checkbox"/>	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)]

Page Total **\$500.00**