

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 Rick Colby			Registration Number, if PAC		
Street Address 1758 Franklin Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Cash		Amount \$60.00
Full Name of Contributor Emmett M Kelly			Registration Number, if PAC		
Street Address 1977 Wyandotte Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Columbus Franklin County AFL-CIO PCE			Registration Number, if PAC		
Street Address 1545 Alum Creek Dr, 2nd Floor	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor George A Skestos			Registration Number, if PAC		
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2 4 1 6
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Cloppert, Latanick, Sauter & Washburn Attorneys at Law			Registration Number, if PAC		
Street Address 225 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2 5 1 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Stephen J Smith			Registration Number, if PAC		
Street Address 10 West Broad St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Public Policy Strategies, LLC			Registration Number, if PAC		
Street Address 137 E State St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3 0 1 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$200.00

* 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 \$ 1,660.00