

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Berry for Grove City							
Full Name of Contributor Jo Berry					Registration Number, if PAC		
Street Address 4591 Country Lane		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Wooster		State OH <input checked="" type="checkbox"/>	Zip Code 44691	M 0	D 7	Y 0	Amount \$100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH <input checked="" 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 OH <input checked="" 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 OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount
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City		State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount
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Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH <input checked="" 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 **\$100.00**