

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City							
Full Name of Contributor Price D. Finley					Registration Number, if PAC		
Street Address 2454 Kensington Drive		Employer/Occupation/Labor Organization* Bricklery and Eckler			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 1	Y 1 3	Amount 100.00	
Full Name of Contributor Dan Hilson					Registration Number, if PAC		
Street Address 155 East State Street, 12th Floor		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 8	Y 1 3	Amount 83.34	
Full Name of Contributor Melissa Hoeffel					Registration Number, if PAC		
Street Address 155 East State Street, 12th Floor		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 8	Y 1 3	Amount 83.33	
Full Name of Contributor Tom Dillon					Registration Number, if PAC		
Street Address 155 East State Street, 12th Floor		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 8	Y 1 3	Amount 83.33	
Full Name of Contributor Janet Joseph					Registration Number, if PAC		
Street Address 4084 Wilbur Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 8	Y 1 3	Amount 100.00	
Full Name of Contributor William Cardamon					Registration Number, if PAC		
Street Address 3003 Wendy Lane		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 9	Y 1 3	Amount 100.00	
Full Name of Contributor Thomas Bloomer					Registration Number, if PAC		
Street Address 2019 Hendrix Drive		Employer/Occupation/Labor Organization* Ohio Mechanical Inc.			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 2 5	Y 1 3	Amount 100.00	
Full Name of Contributor Penny Tipps					Registration Number, if PAC		
Street Address 137 E. State Street		Employer/Occupation/Labor Organization* Public Policy			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 0	Y 1 3	Amount 100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 750.00