

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | | | | |
|---|--|--------------|-------------------|-------------------------------|---|---|----------|
| Name of Committee in Full Ted Berry For Grove City Council | | | | | | | |
| Full Name Ted A. Berry | | | | Registration Number, if PAC | | | |
| Address 3311 Summer Glenn | | Type* | | M | D | Y | Amount |
| | | | | 1 | 2 | 0 | 1,500.00 |
| City Grove City | | State O H | Zip Code 43123 | Form(Cash,Check,etc) check | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,500.00