

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 Thomas A Dillon			Registration Number, if PAC	
Street Address 5728 Loch Maree Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gerald H Swedlow			Registration Number, if PAC	
Street Address 6049 Cranberry Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carpenters Local Union 200 PCE			Registration Number, if PAC	
Street Address 1545 Alum Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$1,000.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph P Mahan			Registration Number, if PAC	
Street Address 2074 Yorkshire Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$2,000.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor United Steelworkers			Registration Number, if PAC	
Street Address District 1 PCE, 777 Dearborn Park Ln, Suite J	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$750.00
City Columbus	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor L.K. Fields			Registration Number, if PAC	
Street Address 14701 Gibson Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$300.00
City Ashville	State OH	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher L Fulton			Registration Number, if PAC	
Street Address 4541 Bent Creek Pl	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	

* 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

\$5,500.00

Total expenditures this event.

\$675.86

Page Total \$ 4,300.00