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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Ted Berry For Grove City Council			
Full Name			Registration Number, if PAC
Ted A. Berry			, ·
Address	Type*		M D Y Amount
3311 Summer Glenn	"		0 1 0 4 0 9 500.00
City	State	Zip Code	Form(Cash,Check,etc)
Grove City	OH	43123	check
Full Name		<u></u>	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)
			Project ration Number if PAC
Full Name			Registration Number, if PAC
Address	Tuno*		M D Y Amount
Address	Type*		A I A I A I A I A I A I A I A I A I A I
City	State	Zip Code	Form(Cash,Check,etc)
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Full Name		1	Registration Number, if PAC
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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
		22: C 1	
City	State	Zip Code	Form(Cash,Check,etc)
T. J. N.			Pagistration Number if BAC
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Address	Type		J Alloune
City	State	Zip Code	Form(Cash,Check,etc)
	1		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	500.00
Page Total \$	500.00

^{*} 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,