

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	
					0	1	0	4	0
City Grove City			State O H	Zip Code 43123	Form(Cash,Check,etc) check			500.00	
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 \$ 500.00