

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry							
Full Name of Contributor Grace L Drake DBA Friends of Grace L Drake					Registration Number, if PAC		
Street Address 5954 Briardale Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Solon	State OH	Zip Code 44139	M 0	D 8	Y 1	Y 1	Amount \$2,000.00
Full Name of Contributor Kathleen Ives					Registration Number, if PAC		
Street Address 1954 New Market Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 1	Y 6	Amount \$125.00
Full Name of Contributor FOP Political Education Fund					Registration Number, if PAC		
Street Address 6800 Schrock Hill Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M 0	D 8	Y 1	Y 6	Amount \$1,000.00
Full Name of Contributor Margaret B Huck					Registration Number, if PAC		
Street Address 1763 Morgan St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wooster	State OH	Zip Code 44691	M 0	D 8	Y 1	Y 6	Amount \$100.00
Full Name of Contributor William Koester					Registration Number, if PAC		
Street Address 5651 Breezewood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45248	M 0	D 8	Y 1	Y 6	Amount \$50.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount

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)]

Page Total **\$3,275.00**