## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Company of H					
Name of Committee in Full					
Berry For Grove City Full Name of Contributor	<del></del>				
			Registration Number	Registration Number, if PAC	
Street Address					
<u> </u>	Employer/Occupation/Labor Organization		ion*	Form (Cash, Check, etc.)	
City	Retired			check	
	State	Zip Code	M	( Amount	
Gr <del>ove City</del> Full Name of Contributor		19123	1 0 0 3 1	1 50.00	
			Registration Number	, if PAC	
Richard Smith Street Address	<u> </u>				
	1 .	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
569 DyIn St. City	Lawyer			check	
· _	State	Zip Code	M D Y		
Columbus  Full Name of Contributor	O H	43228	1 0 0 4 1		
			Registration Number,	if PAC	
Melissa Hoeffel Street Address	1				
	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1443 Cliff Court	Lawyer			check	
Culcula	State	Zip Code	M D Y	Amount	
Columbus Full Name of Contributor	O h	43204	10031		
			Registration Number,	if PAC	
John Glasso Street Address					
• • • • • • • • • • • • • • • • • • • •	<u> </u>	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2229 Bluebell	Lawyer			check	
·	State	Zip Code	M D Y	Amount	
Grove City Full Name of Contributor	O h	43123	1 0 0 5 1		
			Registration Number,	if PAC	
Kevin Osterkamp		, <u></u>			
	_	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
155 East Broad Street		Lawyer		check	
•	State	Zip Code	M D Y	Amount	
Grove City ull Name of Contributor	O h	43215	1 0 0 5 1		
			Registration Number,	if PAC	
Daphne Hawk treet Address	[F1 (O				
		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2374 White Road	County I			check	
•		Zip Code	M D Y	Amount	
Grove City ull Name of Contributor	O h	43123	1 0 0 5 1		
			Registration Number, i	f PAC	
Dan Hilson treet Address					
	1	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
196 S. Grant Street		ent Relations		check	
•	1 .	Zip Code	M D Y	Amount	
Columbus  Il Name of Contributor	O   h	43215	0 9 3 0 1		
			Registration Number, it	PAC	
Teresa L. Merriman	G1			<u> </u>	
		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3769 Juniper Street		Swaco		check	
		Zip Code	M D Y	Amount	
Grove City	O i h {	43123	0 9 2 9 1 1	250.00	

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ \_\_\_\_\_\_