

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 James L Lipnos | | | | Registration Number, if PAC | |
| Street Address 7019 Dean Farm Rd | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City New Albany | | State OH | Zip Code 43054 | Y 2 | Amount \$50.00 |
| Full Name of Contributor John P Matera | | | | Registration Number, if PAC | |
| Street Address 6469 Portage Path Court | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Grove City | | State OH | Zip Code 43123 | Y 3 | Amount \$50.00 |
| Full Name of Contributor George J Arnold | | | | Registration Number, if PAC | |
| Street Address 3020 Dale Ave | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Columbus | | State OH | Zip Code 43209 | Y 3 | Amount \$50.00 |
| Full Name of Contributor Stephen J Smith | | | | Registration Number, if PAC | |
| Street Address 8097 Summerhouse Dr W | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Dublin | | State OH | Zip Code 43016 | Y 3 | Amount \$50.00 |
| Full Name of Contributor Jennifer Readler | | | | Registration Number, if PAC | |
| Street Address 7126 Wilton Chase | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Dublin | | State OH | Zip Code 43017 | Y 3 | Amount \$50.00 |
| Full Name of Contributor Dewey R Stokes | | | | Registration Number, if PAC | |
| Street Address 750 Willow Bend Ln | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Columbus | | State OH | Zip Code 43204 | Y 3 | Amount \$150.00 |
| Full Name of Contributor Deborah S Hackathorn | | | | Registration Number, if PAC | |
| Street Address 2940 Middlesex Rd | | Employer/Occupation/Labor Organization* | | M 0 | D 8 |
| City Columbus | | State OH | Zip Code 43220 | Y 3 | Amount \$100.00 |

* 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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 500.00