

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |  |                    |   |  |               |   |  |               |                             |
|--|--|--------------------|---|--|---------------|---|--|---------------|-----------------------------|
| Name of Committee in Full<br><b>Citizens for Ted Berry</b> |  |                    |   |  |               |   |  |               |                             |
| Full Name of Contributor<br><b>William Riat</b>            |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address<br><b>19 Session Dr</b>                     |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Bexley</b>                                      |  | State<br><b>OH</b> | Zip Code<br><b>43209</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>2</b> | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>Keith Strahler</b>          |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address<br><b>147 Longleaf St</b>                   |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Pickerington</b>                                |  | State<br><b>OH</b> | Zip Code<br><b>43147</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>2</b> | Amount<br><b>\$200.00</b>   |
| Full Name of Contributor<br><b>J. Matthew Yuskewich</b>    |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address<br><b>4679 Winterset Drive</b>              |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Columbus</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43220</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>2</b> | Amount<br><b>\$250.00</b>   |
| Full Name of Contributor<br><b>PNC PAC</b>                 |  |                    |   |  |               | Registration Number, if PAC<br><b>C00035519</b> |  |               |                             |
| Street Address<br><b>249 Fifth Ave, 21st Floor</b>         |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Pittsburgh</b>                                  |  | State<br><b>PA</b> | Zip Code<br><b>15222</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>3</b> | Amount<br><b>\$1,000.00</b> |
| Full Name of Contributor<br><b>James Havens</b>            |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address<br><b>141 E Town Street Ste 200</b>         |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Columbus</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43215</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>3</b> | Amount<br><b>\$250.00</b>   |
| Full Name of Contributor<br><b>INTERNET</b>                |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address   |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Credit Card</b> |               |                             |
| City   |  | State<br><b>OH</b> | Zip Code                                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>2</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>Keycorp Advocates Fund</b>  |  |                    |   |  |               | Registration Number, if PAC<br><b>C00073155</b> |  |               |                             |
| Street Address<br><b>127 Public Square</b>                 |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b>       |               |                             |
| City<br><b>Cleveland</b>                                   |  | State<br><b>OH</b> | Zip Code<br><b>44114</b>                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>4</b> | Amount<br><b>\$250.00</b>   |
| Full Name of Contributor<br><b>INTERNET</b>                |  |                    |   |  |               | Registration Number, if PAC                     |  |               |                             |
| Street Address   |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Credit Card</b> |               |                             |
| City   |  | State<br><b>OH</b> | Zip Code                                |  | M<br><b>1</b> | D<br><b>1</b>                                   | Y<br><b>0</b>                                  | Y<br><b>4</b> | Amount<br><b>\$250.00</b>   |

\* 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 **\$2,800.00**