

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		,				
Name of Committee in Full						
Berry For Grove City						
Full Name of Contributor			Registration Number, if PAC			
Contributions from form No. 31-E						
Street Address	Employer/Oc				Form (Cash, Check, etc.)	
City	State	Zip Code	ТМ	T D	ΤŸ	Amount
					1	1
Full Name of Contributor			Regist	ration Nu	mber if	4,025.00
Scott Perry			I Cgiac		anoci, n	rac
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)
3311 Summer Glenn	- I	Ohio Dept. Public Safety				
City	State	Zip Code	М	1 6	TV	cash
Grove City	o h	1 '	ı	D	Y	Amount
Full Name of Contributor	1 0 ; 11	43123		1 0		
			Registi	ration Nu	mber, if	PAC
Street Address	Employer/Oct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	Б	ΤΥ	Amount
	";	Lip cooc	'",	] "		Amount
Full Name of Contributor	<u> </u> ;		Registr	ation Nu	mber, if	PAC
			1			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	ТМ	D	ΙΥ	Amount
		}				, tillouit
Full Name of Contributor	<del></del>		Registra	tion Nur	nher if I	AC
Street Address	Employer/Occ	For			Form (Cash, Check, etc.)	
						in (dash, dicar, dec.)
City	State	Zip Code	М	D	Y	Amount
			1 "	:		- Thousand
Full Name of Contributor			Registra	tion Nun	nher if P	PAC
			, and a second	1001111011	noci, ii i	AC
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
		,				om (dash, check, etc.)
City	State	Zip Code	М	D	Υ	Amount
	1				1	Amount
ull Name of Contributor	<u> </u>	<del></del>	Penistm	tion Nurr	har if O	AC
			negistra	tion Hun	ioci, ii r	AC
treet Address	Employer/Occi	pation/Labor Organization*	<u> </u>			Farm (Cash Charles
	Lind Oyen occu	puton cabor organization				Form (Cash, Check, etc.)
ity	State	Zip Code	М	<u> </u>	<del>-</del>	A
	State	Lip code	",	D	Y	Amount
ull Name of Contributor	!!		Ün sint-		10	
			Registrat	don Num	ber, if P	AC
treet Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	, .,					on (Cosii, Orcus, Etc.)
ity	State	Zip Code	М	D	Υ	Amount
			[ ]		_	- STANDAR
uited for contributions from individuals and \$100 and	<del>,                                    </del>	L				

\* 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 \$ 4,465.00