

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNETT COMMITTEE									
Full Name of Contributor JANE WELLS BATES							Registration Number, if PAC		
Street Address 2948 FRANCHEL CT				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City LANCASTER		State OH		Zip Code 43130		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor CHRISTIAN ROTH JR							Registration Number, if PAC		
Street Address 6154 CATAWBA DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor VINCENT AIELLO							Registration Number, if PAC		
Street Address 3140 KROPP RD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor STEVEN L SELLERS							Registration Number, if PAC		
Street Address 4488 ANGLEBROOK DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor CHARLES T SMITH							Registration Number, if PAC		
Street Address 4719 TEABURY SQ S				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount \$100.00	
Full Name of Contributor J CARY KOPPERT							Registration Number, if PAC		
Street Address 2237 NOTTINGHAM RD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Amount \$25.00	
Full Name of Contributor P STEVEN GRAPP							Registration Number, if PAC		
Street Address 3135 POTAWAMIE DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City LONDON		State OH		Zip Code 43140		M 0		D 9	
						Y 2		Amount \$100.00	
Full Name of Contributor TAMARA B SHANYFELT							Registration Number, if PAC		
Street Address 2693 HOOVER CROSSING WAY				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						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)]

Page Total **\$525.00**