31-	A
R.C.	3517.10

Statement of Contributions Received

	2
Page	_
1 450	***************************************

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/Occ	upation/Labor Organization*	Secretaria de la constanta de	Form (Cash, Check, etc.) CHECK
City LANCASTER	State OH	Zip Code 43130	0 9 2 5 0 9	Amount \$50.00
Full Name of Contributor CHRISTIAN ROTH JR	ertilleten maken Mittelbett a kind menget si digiplari peramapan perak kindadapan negari menabu	etiminista appellina questi interiorio de la constanti de la constanti de la constanti de la constanti de la c	Registration Number, if	PAC
Street Address 6154 CATAWBA DR	Employer/Occi	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	M D Y 0 9	Amount \$50.00
Full Name of Contributor VINCENT AIELLO			Registration Number, if PAC	
Street Address 3140 KROPP RD	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	0 9 2 4 0 9	Amount
Full Name of Contributor STEVEN L SELLERS	<u> </u>		Registration Number, if	PAC
Street Address 4488 ANGLEBROOK DR	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	0 9 2 4 0 9	Amount . \$50.00
Full Name of Contributor CHARLES T SMITH			Registration Number, if	PAC
Street Address 4719 TEABURY SQ S	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City. GROVE CITY	State OH	Zip Code 43123	0 9 2 4 0 9	Amount \$100.00
Full Name of Contributor J CARY KOPPERT	arkitakaningi spengapananan dara mananan menangan darah menanan		Registration Number, if I	PAC
Street Address 2237 NOTTINGHAM RD	Employer/Occupation/Labor Organization*		Economistation to the commence of the commence	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	0 9 2 9 D 9	Amount \$25.00
Full Name of Contributor PSTEVEN GRAPP		PROPERTY AND	Registration Number, if F	PAC
Street Address 3135 POTAWAMIE DR	Employer/Occuj	pation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LONDON	State OH	Zip Code 43140	M D Y 0 9	Amount \$100.00
Full Name of Contributor TAMARA B SHANYFELT			Registration Number, if P	AC
Street Address 2693 HOOVER CROSSING WAY	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	M D Y 0 9 3 0 0 9	Amount \$100.00

Page Total \$525.00

^{*} 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)]