Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

| Name of Committee in Full THE ELECT STEVEN M BENNET | T COMMITTEE | | | Ordensas various de la company |
|---|---|---|-----------------------------|--|
| Full Name of Contributor YEOU-LONG SHYU | | | Registration Number, if | PĄC |
| Street Address 1947 STRINGTOWN RD | Employer/Occu | pation/Labor Organization* | <u></u> | Form (Cash, Check, etc.) CHECK |
| City GROVE CITY | State OH | Zip Code 43123 | 1 0 1 6 0 9 | Amount \$50.00 |
| Full Name of Contributor GROVE CITY AREA REPUBLICAN | CLUB | | Registration Number, if | PAC |
| Street Address 4152 PATZER AVE | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK |
| City GROVE CITY | State OH | Zip Code 43123 | 1 M 1 9 0 9 | Amount \$444.00 |
| nll Name of Contributor STEVEN KNOX | | | Registration Number, if PAC | |
| Street Address 236 GATESIDE | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) |
| City GAHANNA | State OH, | Zip Code 43230 | 1 0 1 7 0 S | |
| Full Name of Contributor CONTIBUTIONS RECEIVED FROI | M FORM 31-E | | Registration Number, if | PAC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount \$200.00 |
| Full Name of Contributor | | | Registration Number, if | PAC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| cull Name of Contributor | | | Registration Number, is | f PAC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor Registration Number, if P. | | | | f PAC |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |

^{*} 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)]