

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 WILLIAM EDGAR					Registration Number, if PAC		
Street Address 5333 WOODGLEN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214	M 0	D 8	Y 0	Amount \$100.00	
Full Name of Contributor JOHN M KILMURRY					Registration Number, if PAC		
Street Address 2333 WILLOWSIDE LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1	Amount \$1,000.00	
Full Name of Contributor EDWARD & DIANNA BRISTLE					Registration Number, if PAC		
Street Address 1434 RIVER TRAIL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor SHERRY BYRNE & JEFFREY KILLIAN					Registration Number, if PAC		
Street Address 5569 SPRING HILL RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$200.00	
Full Name of Contributor DAVID J. OR MAUREEN K. VEELEY					Registration Number, if PAC		
Street Address 4538 CLAYBURN DR W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$50.00	
Full Name of Contributor PAUL D. & DEBORAH S. BENNETT					Registration Number, if PAC		
Street Address 4752 COLONEL L PERRY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43229	M 0	D 8	Y 2	Amount \$200.00	
Full Name of Contributor JACK A. OR SUSAN E. RENSCH					Registration Number, if PAC		
Street Address 2969 DAISY LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43204	M 0	D 9	Y 0	Amount \$10.00	
Full Name of Contributor JOANNA M. & PAUL A. PORRECA					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 1	Amount \$50.00	

* 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)]