

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 JERRY L. KIMMEL					Registration Number, if PAC				
Street Address 3111 ORDERS RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 1	Amount \$100.00
Full Name of Contributor BARBARA M. SOMERS					Registration Number, if PAC				
Street Address 4189 HILLSWOOD CT.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 2	Amount \$25.00
Full Name of Contributor CHRISTIAN J. 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 0	Y 4	Amount \$75.00
Full Name of Contributor MARILYN J. DAVIS					Registration Number, if PAC				
Street Address 2597 KENNY LN.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 6	Amount \$35.00
Full Name of Contributor STEPHEN D. WHITE					Registration Number, if PAC				
Street Address 3831 GLENNA AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 6	Amount \$50.00
Full Name of Contributor CHARLES T. SMITH					Registration Number, if PAC				
Street Address 4719 TEABURY SQUARE S			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 8	Amount \$100.00
Full Name of Contributor CHRISTINE A. HOUK					Registration Number, if PAC				
Street Address 2099 STARGRASS AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GROVE CITY		State OH	Zip Code 43123		M 0	D 9	Y 0	Y 9	Amount \$50.00
Full Name of Contributor PAUL BENNETT					Registration Number, if PAC				
Street Address 4752 COLONEL PERRY DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City COLUMBUS		State OH	Zip Code 43229		M 0	D 9	Y 0	Y 5	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)]

Page Total **\$485.00**