

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>THE ELECT STEVEN M BENNETT COMMITTEE</b>				
Full Name of Contributor <b>GREG KOSTELAC</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>155 W MAIN ST #803</b>		Description of Item or Service <b>BEVERAGES</b>		M   D   Y   Fair Market Value <b>1   0   1   6   0   9   \$21.34</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor <b>TAMARA B SHANYFELT</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>4232 KELNOR DR</b>		Description of Item or Service <b>BEVERAGES</b>		M   D   Y   Fair Market Value <b>1   0   1   6   0   9   \$20.27</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor <b>ROBERT &amp; MARIA MCGRAW</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>2579 SCOTT CT</b>		Description of Item or Service <b>BEVERAGES</b>		M   D   Y   Fair Market Value <b>1   0   1   6   0   9   \$22.16</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]