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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full	TT COMMITTEE			
THE ELECT STEVEN M BENNE	TT COMMITTEE		Registration Number, it	FPAC
CHRIS L CROPPER				
Street Address 9635 US HIGHWAY 62	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) CASH
City ORIENT	State OH	Zip Code 43146	1 0 1 0 0 S	Amount \$20.00
Full Name of Contributor RONALD JOHNSON			Registration Number, if	PAC
Street Address 4353 BROADWAY	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) CASH
City GROVE CITY	State OH,	Zip Code 43123	1 0 1 3 0 S	Amount 9 \$50.00
Full Name of Contributor JERRY WISE	Registration Number, if PAC			
Street Address 3145 CATON LOOP	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CASH
City GROVE CITY	State OH	Zip Code 43123	1 0 0 8 0 9	Amount \$100.00
Full Name of Contributor ERIN BENNETT	Registration Number, if	PAC		
Street Address 6473 TALLMAN CT	Employer/Occu	apation/Labor Organization*	B. C.	Form (Cash, Check, etc.) CHECK
City CANAL WINCHESTER	State OH	Zip Code 43110	1 0 0 2 0 9	Amount \$50.00
Full Name of Contributor REGINALD B BROWN	an Ampanaman kan maran kala da da da maran da kan kan kan kan kan da maran da maran da maran da maran da kan m		Registration Number, if	PAC
Street Address 2246 BERRY HILL DR	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	1 0 0 6 0 9	Amount \$25.00
Full Name of Contributor PATRICK FAHY	anne ann an t-aireann an ann an t-aireann an t-aireann an t-aireann ann an t-aireann an t-aireann an t-aireann	and and a second se	Registration Number, if	PAC
Street Address 5280 BIG RUN S RD	Employer/Occu	pation/Labor Organization*	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	1 0 0 9 0 9	Amount \$50.00
Full Name of Contributor MARY WODARCYK	от при в при на при На при на пр		Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5384 WILLOWLAKE DR City GROVE CITY	State OH	Zip Code 43123	M D Y 0 9 1 8 0 9	CHECK Amount \$25.00
Full Name of Contributor SHIRLEY K HIGHT	_ UII	T O 1 2 O	Registration Number, if	
Street Address 1794 HAWTHORNE PKWY	Employer/Occu	pation/Labor Organization*	A SECULIAR DE LA CONTRACTOR DE LA CONTRA	Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	M D Y	Amount

Page Total \$370.00

^{*} 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)]