

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 CHRIS L CROPPER						Registration Number, if PAC	
Street Address 9635 US HIGHWAY 62			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City ORIENT	State OH	Zip Code 43146	M 1	D 0	Y 1	Amount \$20.00	
Full Name of Contributor RONALD JOHNSON						Registration Number, if PAC	
Street Address 4353 BROADWAY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor JERRY WISE						Registration Number, if PAC	
Street Address 3145 CATON LOOP			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor ERIN BENNETT						Registration Number, if PAC	
Street Address 6473 TALLMAN CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CANAL WINCHESTER	State OH	Zip Code 43110	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor REGINALD B BROWN						Registration Number, if PAC	
Street Address 2246 BERRY HILL DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$25.00	
Full Name of Contributor PATRICK FAHY						Registration Number, if PAC	
Street Address 5280 BIG RUN S RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor MARY WODARCYK						Registration Number, if PAC	
Street Address 5384 WILLOWLAKE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 1	Amount \$25.00	
Full Name of Contributor SHIRLEY K HIGHT						Registration Number, if PAC	
Street Address 1794 HAWTHORNE PKWY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 2	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 **\$370.00**