31-A							
R	C	3517	10				

Statement of Contributions Received

	4
Page	<u> </u>

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNETT CO	MMITTEE						
Full Name of Contributor YEOU-LONG SHYU				Registration Number, if PAC			
Street Address 1947 STRINGTOWN RD	Employer/Occi	ıpation/Labor Organization*	busine and appropriate and a	personal desired and the second		Form (Cash, Check, etc.)	
City GROVE CITY	State OH	Zip Code 43123	1 0	D 1 6 0	Y 9	Amount \$50.00	
Full Name of Contributor GROVE CITY AREA REPUBLICAN CLUE	- -	<u>neugonyman kantana onga kang kang kang kang kang kang kang k</u>	Registrati	ion Numbe	er, if PA	A.C	
Street Address 4152 PATZER AVE	Employer/Occu	pation/Labor Organization*	- Bernander			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	1 D	1 9 0	9	Amount \$444.00	
Full Name of Contributor STEVEN KNOX			Registrati	ion Numbe	er, if PA	хC	
Street Address 236 GATESIDE	Employer/Occu	pation/Labor Organization*	- Sucarana de la constante de	<u> merandehan</u> nan		Form (Cash, Check, etc.) CASH	
City GAHANNA	State OH	Zìp Code 43230	1 0	1 ^D 7 0) 9	Amount \$20.00	
Full Name of Contributor CONTIBUTIONS RECEIVED FROM FORM 31-E							
Street Address	Employer/Occup	pation/Labor Organization*	Sententianno	promobilida menterbolotza (Si		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Mo	160	9 C	Amount \$200.00	
Full Name of Contributor	etatiki yili kursik kursi ya maki kasik kursi ya maki kasik kursi ya maki kasik kursi ya maki kursi ya maki ku		Registratio	on Number	r, if PA	C	
Street Address	Employer/Occup	oation/Labor Organization*		DATACONTINUES CONTRACTOR		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D.	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occup	ation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)	
City	State OH	Zìp Code	M	D ,	Y .	Amount	
Full Name of Contributor			Registratio	n Number	, if PA	C	
Street Address	Employer/Occup	ation/Labor Organization*		Market and American	1	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y Z	Amount	
Full Name of Contributor	- Anna Anna Anna Anna Anna Anna Anna Ann		Registratio	n Number,	if PAC	2	
Street Address	Employer/Occupa	ation/Labor Organization*	E		F	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	DY	A A	Amount	

Page Total \$714.00

^{*} 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)]