Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full					
COMMITTEE TO REGIET WM LOTZ			Registration Number, if PAC		
Full Name of Contributor STEVEN M BENNETT					AC .
Street Address	Employer/Occupati	ion/Labor Organization*	······································		Form (Cash, Check, etc.)
1206 HAWTHORNE PRWY	,				Ce
City	State	Zip Code	M	D Y	Amount
Grove ary	ОН	43133	i o	0309	60.T
Full Name of Contributor Registration Number, if PAC					AC
Stephen J. Bowshier Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4291 ORDERS				CK-	
City	State	Zip Code	M	D Y	Amount
GROVE CLTY	OH	43123	i o	1009	
Full Name of Contributor	Registration Number, if PA				AC
RODNEY J EVANS					
Street Address	Employer/Occupati	ion/Labor Organization*		-	Form (Cash, Check, etc.)
2464 MARTHAS WOOD					CE
City	State	Zip Code	М	D Y	Amount
GROVE CLTY	ОН	<u> </u>	10	0509	1 50.
Full Name of Contributor			Registrat	ion Number, if I	PAC
KANDAL MOSHER	Y -				
Street Address	Employer/Occupati	ion/Labor Organization*			Form (Cash, Check, etc.)
1118 CARNOOSTIE CITCLE		Ta: 0.1	1 (2		CE
City	State	Zip Code	M	D Y	Amount 50
GROVE CITY	ОН	43/23	i O	5 3 0 9	
Full Name of Contributor Registration Number, if PAC					
VEGGY PANDERS					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4637 COBBLE CREEK	Cts ² -	7 in Code	M	D Y	Amount
City	State OH	Zip Code	10		<i>00</i>
GROVE CITY		43123			· A.
Full Name of Contributor Registration Number, if PAC					
TAMARA B SHANYFELY Street Address From (Cash, Check, etc.)					
Street Address 4232 KELNOR DR	Employer/Occupat	ion/Labor Organization*			Ch
City LELNOR DR	State	Zip Code	M	D Y	Amount
	OH	43123	1 1	0300	1 .
Full Name of Contributor		8 22 8 22 2		tion Number, if	
Street Address	Funlover/Occupat	ion/Labor Organization*			Form (Cash, Check, etc.)
	Z.iipioyeii Gecapat	Davor Organization			CE
City CUBER RD	State	Zip Code	M	D Y	Amount
Oriens	ОН	43146	10	0309	100.
Full Name of Contributor Registration Number, if P.					
RICHARD E ROBINSON	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2464 MARTHA'S WOOD	zantroj an oceapanom zanov. Or Bannamon.			cle	
City _	State	Zip Code	M	D Y	Amount
GRODE CETY	ОН	43123)0	6309	75.00
				Leveline de la constantidad de la c	

Page Total \$ 500

^{*} 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)]