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## **In-Kind Contributions Received**

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Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNETT COMMI	TTEE		
THE ECCOT OF CALLANDER AND COMMENT		10 11 12 12 12 12 12 12 12 12 12 12 12 12	
Full Name of Contributor Steve Roanett	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address Hawthorne	Description of Item or Service	M D Y Fair Market Value	
City Grove City	OH H3123	Received at Fundraising Event?  OYES  NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Full Name of Contributor			
Street Address	Description of Item or Service		
City	State Zip Code	Received at Fundraising Event?  O YES  NO	
	E 1 O Labor Organization	Registration Number, if PAC	
Full Name of Contributor	Employer, Occupation, Labor Organization*		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code	Received at Fundraising Event?	
City	ОН	OYES ONO	
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	Sta te Zip Code	Received at Fundraising Event?  O YES  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	Sta' te Zip Code	Received at Fundraising Event?  O YES  O 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	Stal te Zip Code	Received at Fundraising Event?  O YES  NO  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 Zip Code	Received at Fundraising Event?  O YES  O 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	Stalte Zip Code OH	Received at Fundraising Event?  OYES  O NO	
	1 1 <u> </u>		

Page Total \$0.00

<sup>\*</sup> 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)]