

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M. BENNETT COMMITTEE						Registration Number, if PAC					
Full Name of Contributor BEVERLY R. BABBERT						Form (Cash, Check, etc.) CHECK					
Street Address 3310 KINGSTON AVE.			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						Amount \$25.00					
Full Name of Contributor SHIRLEY KOSBAB						Registration Number, if PAC					
Street Address 3059 CATAN LOOP			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						Amount \$25.00					
Full Name of Contributor WILLIAM J. EDGAR						Registration Number, if PAC					
Street Address 5333 WOODGLEN RD.			Employer/Occupation/Labor Organization*			M 0			D 9		
City COLUMBUS			State OH			Zip Code 43214			Y 1		
						Amount \$100.00					
Full Name of Contributor CITIZENS FOR MARIA KLEMACK-MCGRAW						Registration Number, if PAC					
Street Address 2579 SCOTT CT.			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						Amount \$100.00					
Full Name of Contributor JOANNA M. PORRECA						Registration Number, if PAC					
Street Address 2693 HOOVER CROSSING WAY			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						Amount \$25.00					
Full Name of Contributor PAUL BENNETT						Registration Number, if PAC					
Street Address 4752 COLONOL PERRY DR.			Employer/Occupation/Labor Organization*			M 0			D 9		
City COLUMBUS			State OH			Zip Code 43229			Y 1		
						Amount \$50.00					
Full Name of Contributor WACO FINANCIAL - WAYNE COAKLEY						Registration Number, if PAC					
Street Address 3826 BROADWAY			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						Amount \$50.00					
Full Name of Contributor JERRY L. WISE						Registration Number, if PAC					
Street Address 3145 CATAN LOOP			Employer/Occupation/Labor Organization*			M 0			D 9		
City GROVE CITY			State OH			Zip Code 43123			Y 1		
						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)]