In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full			
THE ELECT STEVEN M BENNETT COMMITTEE			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
GREG KOSTELAC			
Street Address	Description of Item or Service		M D Y Fair Market Value
155 W MAIN ST #803	BEVERAGES		1 0 1 6 0 9 \$21.34
City	Sta te	Zip Code	Received at Fundraising Event?
COLUMBUS	OH	43215	OYES ONO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
TAMARA B SHANYFELT			
Street Address	Description of Item or Service		M D Y Fair Market Value
4232 KELNOR DR	BEVERAGES		1 0 1 6 0 9 \$20.27
City	Sta te	Zip Code	Received at Fundraising Event?
GROVE CITY	OH	43123	O YES NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
ROBERT MCGRAW			
Street Address	Description of Item	ı or Service	M D Y Fair Market Value
2579 SCOTT CT	BEVERAGES		1 0 1 6 0 9 \$22.16
City	Sta te	Zip Code	Received at Fundraising Event?
GROVE CITY	OH	43123	YES NO
Full Name of Contributor	Employer, Occupa	tion, 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?
	OH		OYES ONO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
i i	AY. O		M D Y Fair Market Value
Street Address	Description of Item or Service		M D Y Fair Market Value
	G: I	[7]- O- I-	Received at Fundraising Event?
City	State OH	Zip Code	
	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Full Name of Contributor	Employer, Occupa	tion, Labor Organization	Registration Number, it FAC
Co	Description of Item or Service		M D Y Fair Market Value
Street Address	Description of Item	tot service	
City	Stal te	Zip Code	Received at Fundraising Event?
	ОН		
Full Name of Contributor	1	tion, Labor Organization*	YES NO Registration Number, if PAC
Tun Hanne of Contributor		, <u>, , , , , , , , , , , , , , , , , , </u>	
Street Address	Description of Item	or Service	M D Y Fair Market Value
SW			
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		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
			1000
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		Oyes O NO

Page Total \$63.77

^{*} 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)]