

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNETT COMMITTEE				
Full Name of Contributor GREG KOSTELAC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 155 W MAIN ST #803		Description of Item or Service BEVERAGES		M D Y Fair Market Value 1 0 1 6 0 9 \$21.34
City COLUMBUS		State OH	Zip Code 43215	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor TAMARA B SHANYFELT		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4232 KELNOR DR		Description of Item or Service BEVERAGES		M D Y Fair Market Value 1 0 1 6 0 9 \$20.27
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor ROBERT MCGRAW		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2579 SCOTT CT		Description of Item or Service BEVERAGES		M D Y Fair Market Value 1 0 1 6 0 9 \$22.16
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
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Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* 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)]