

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M. BENNETT COMMITTEE											
Full Name of Contributor LINDA L. RENICO						Registration Number, if PAC					
Street Address 2666 EUGENE AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 7	Y 0	Y 9	Y 1	Y 1	Amount \$25.00
Full Name of Contributor JOHN M. KILMURRY						Registration Number, if PAC					
Street Address 2333 WILLOWSIDE LN.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 1	Y 1	Y 1	Y 1	Amount \$700.00
Full Name of Contributor JOHN M. KILMURRY						Registration Number, if PAC					
Street Address 2333 WILLOWSIDE LN.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 1	Y 1	Y 1	Y 1	Amount \$300.00
Full Name of Contributor DAVID J. VEELEY						Registration Number, if PAC					
Street Address 4538 CLAYBURN DR. W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 1	Y 8	Y 1	Y 1	Amount \$50.00
Full Name of Contributor JEFFREY A. KILLIAN						Registration Number, if PAC					
Street Address 5569 SPRING HILL RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 3	Y 0	Y 1	Y 1	Amount \$250.00
Full Name of Contributor JOSEPH A. ENDRES						Registration Number, if PAC					
Street Address 2581 CLARK DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 2	Y 5	Y 1	Y 1	Amount \$50.00
Full Name of Contributor JENNIFER L. MACKANOS						Registration Number, if PAC					
Street Address 5936 CLIPPER LANDING DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State OH	Zip Code 43228		M 0	D 8	Y 2	Y 9	Y 1	Y 1	Amount \$50.00
Full Name of Contributor TAMARA B. SHANYFELT						Registration Number, if PAC					
Street Address 4332 KELNOR DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City GROVE CITY		State OH	Zip Code 43123		M 0	D 8	Y 2	Y 9	Y 1	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)]

Page Total **\$1,475.00**