## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full  The Elect Steven M. Bennett Committee	e .			
Full Name of Contributor CHRIS L CROPPER			Registration Number, if P.	AC
Street Address 9635 US HIGHWAY #62	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CASH
City OR I ENT	Sta <sup>l</sup> te OH	Zip Code 43146	1 0 1 0 0 9	Amount \$20.00
Full Name of Contributor RONALD JOHNSON		patrici i dell'all'illiani successo il suc	Registration Number, if P.	
Street Address 4353 BROADWAY	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CASH
City GROVE CITY	State OH,	Zip Code 43123	1 0 1 3 0 9	Amount \$50.00
Full Name of Contributor JERRY & BARBARA WISE		gargang galat ng pipinamata at tit kuman ana ka	Registration Number, if P.	AC
Street Address 3145 CATON LOOP	Employer/Occu	upation/Labor Organization*	Вамения в подости на п	Form (Cash, Check, etc.)
City GROVE CITY	State OH	Zip Code 43123	1 0 0 8 0 9	
Full Name of Contributor SEAN & ERIN BENNETT	musicina de acompresso por divinto de se dire a construcción con del discomerción de construcción de construcc		Registration Number, if P.	AC
Street Address 6473 TALLMAN CT	Employer/Occu	upation/Labor Organization*	Sacramental Control Co	Form (Cash, Check, etc.) CHECK
City CANAL WINCHESTER	State OH	Zip Code 43110	1 0 0 2 0 9	Amount \$50.00
Full Name of Contributor REGINALD B BROWN	stances in the control of the contro		Registration Number, if P.	AC
Street Address 2246 BERRY HILL DR	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	1 0 0 6 0 9	Amount \$25.00
Full Name of Contributor PATRICK FAHY	The state of the s		Registration Number, if Pa	AC
Street Address 5280 BIG RUN S RD	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	1 0 0 9 0 9	Amount \$50.00
Full Name of Contributor MICHAEL J OR MARY WODARCYK	annancas consistente anna canana còrman acres anna consistente anna canana consistente anna canana canana cana		Registration Number, if Pa	AC .
Street Address 5384 WILLOWLAKE DR	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	M D Y O 9	Amount \$25.00
Full Name of Contributor MYRON E & SHIRLEY K HIGHT		* .	Registration Number, if Pa	AC
Street Address 1794 HAWTHORNE PKWY	Employer/Occur	apation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	M D Y 0 9 2 1 0 9	Amount \$50.00

<sup>\*</sup> 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)]