

## Page \_\_\_\_

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee The Elect Steven M Bennett Connittee					
Full Name of Contributor William Ledgar others a Edgar Registration Number, if PAC					
Street Address 5333 Woodglen R		r/Occupation/Labor Or			Form (Cash, Check, etc.)
Columbus	State OH	Zip Code #3214	Date (MM/DI	DMYYY) 19/2017	Amount / 00- 00
Full Name of Contributor  Sherry Byrne a Jeffrey Killian  Registration Number, if PAC					
Street Address 1 5569 Sprugfill Pd	Employer	r/Occupation/Labor Or			Form (Cash, Check, etc.)
Grove City	State OH	Zip Code 43/23	Date (MM/DI	0/1444) 9/2017	Amount A50.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	per, if PAC
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	per, if PAC
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount

\*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	350.00
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