Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNE	TT COMMITTEE	<u>nama akan nyanga, kamin, mbada 1800 ling kepanahakan di 1800 kepanahakan di 1800 kepanan nagawa na di 1804 bad</u>		es e		
Full Name of Contributor DEBBIE BENNETT		nt (Opporgramme) sind beda by 4400 to tropic of the fig. (Opportunities and the fig. (Opportunities and the fig. (Opportunities)) and the fig. (Opportunities) an	Registra	tion Number, i	FPAC	
Street Address 1806 HAWTHORNE PKWY	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	0 9	D Y 1 6 0		
Full Name of Contributor G C KOSBAB				Registration Number, if PAC		
Street Address 3059 CATON LOOP	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123		0 3 0 S		
Full Name of Contributor MICHAEL J LILLY		Registration Number, if PAC				
Street Address 2398 ZINER CIR S	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123		3 0 0 Y		
Full Name of Contributor CONTIBUTIONS RECEIVED FRO	OM FORM 31-E		Registrati	ion Number, if		
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)	
City	Stafte OH	Zip Code		2 3 0 9	ΨΖ, Γιο.υυ	
Full Name of Contributor			Registrati	ion Number, if		
Street Address	Employer/Occup	oation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH,	Zip Code	M	D Y	Amount	
Full Name of Contributor		SCHOOL REPRESENTATION CONTROL STATE OF THE S	Registrati	on Number, if	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D Y	Amount	
Full Name of Contributor	er Sylvenson MAA Materians (1990) on 1990 on 1		Registratio	on Number, if I	AC	
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D Y	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)]