

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 DEBBIE BENNETT							Registration Number, if PAC		
Street Address 1806 HAWTHORNE PKWY				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 1		Amount \$250.00	
Full Name of Contributor G C KOSBAB							Registration Number, if PAC		
Street Address 3059 CATON LOOP				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 1		D 0	
						Y 0		Amount \$50.00	
Full Name of Contributor MICHAEL J LILLY							Registration Number, if PAC		
Street Address 2398 ZINER CIR S				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State OH		Zip Code 43123		M 0		D 9	
						Y 3		Amount \$40.00	
Full Name of Contributor CONTRIBUTIONS RECEIVED FROM FORM 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 9	
						Y 2		Amount \$2,110.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				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/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/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/Occupation/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)]

2,450.00