

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>THE ELECT STEVEN M BENNETT COMMITTEE</b>											
Full Name of Contributor <b>William Edgar</b>						Registration Number, if PAC					
Street Address <b>5333 Woodglen Rd.</b>						Employer/Occupation/Labor Organization*					
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43214</b>		Form (Cash, Check, etc.) <b>Ch.</b>	
						M <b>8</b>		D <b>12</b>		Y <b>13</b>	
						Amount <b>150.00</b>					
Full Name of Contributor <b>Dave Veeley</b>						Registration Number, if PAC					
Street Address <b>4536 Clayburn</b>						Employer/Occupation/Labor Organization*					
City <b>Grove City</b>						State <b>OH</b>		Zip Code <b>43123</b>		Form (Cash, Check, etc.) <b>Cash</b>	
						M <b>8</b>		D <b>12</b>		Y <b>13</b>	
						Amount <b>100.00</b>					
Full Name of Contributor <b>Contributions From Form 31-E</b>						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount <b>715.00</b> ✓	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State <b>OH</b>		Zip Code		M <b>8</b>	
						D <b>12</b>		Y <b>13</b>		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

**965.00** ✓