

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Bender for Mayor							
Full Name of Contributor Kenneth C. Harman						Registration Number, if PAC	
Street Address 2024 Destin PI S			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg			State OH	Zip Code 43068	M 0	D 7	Y 1 8 1 1
						Amount \$100.00	
Full Name of Contributor Susan J Rhinehart						Registration Number, if PAC	
Street Address 225 Hocking Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 8	Y 0 7 1 1
						Amount \$300.00	
Full Name of Contributor The Nancy Schirm Wright Trust Nancy Schirm Wright Trustee						Registration Number, if PAC	
Street Address 12 North High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 8	Y 2 1 1 1
						Amount \$100.00	
Full Name of Contributor Joan Bender						Registration Number, if PAC	
Street Address 7270 Snowberry Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 8	Y 2 1 1 1
						Amount \$1,500.00	
Full Name of Contributor Onnolee Kantner						Registration Number, if PAC	
Street Address 210 Woodsvie Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 9	Y 0 3 1 1
						Amount \$25.00	
Full Name of Contributor Reno E Robinett						Registration Number, if PAC	
Street Address 10 West Mound Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 9	Y 1 1 1 1
						Amount \$25.00	
Full Name of Contributor Dorothy E Allen						Registration Number, if PAC	
Street Address 311 Woodsvie Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 9	Y 1 2 1 1
						Amount \$25.00	
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	

* 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 **\$2,075.00**