

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full THE ELECT STEVEN M BENNETT COMMITTEE				
Full Name of Contributor PEDRO CADIZ			Registration Number, if PAC	
Street Address 3350 PARKBROOK DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$10.00
Form (Cash, Check, etc.) CASH				
Full Name of Contributor MARK MCKERNAN				
Street Address 4532 BENT CREEK PL			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor RICHARD L STAGE				
Street Address 2733 WOODGROVE DR			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MARIE L MCKEON				
Street Address 2633 SUANN			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$25.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CHARLES W BOSO JR				
Street Address 4416 BRYSTON RD			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$25.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JOSEPH A ENDRES				
Street Address 2581 CLARK DR			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JOHN RUTH				
Street Address PO BOX 946			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Y 2	
Form (Cash, Check, etc.) CHECK				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 260.00