

# 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 JOE S SOTO			Registration Number, if PAC	
Street Address 2450 AMETHYST LN	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$25.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SCOTT L PERRY			Registration Number, if PAC	
Street Address 3311 SUMMER GLEN DR	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$25.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JENNIFER MACKANOS			Registration Number, if PAC	
Street Address 5936 CLIPPER LANDING DR	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43228	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN A BLACKBURN			Registration Number, if PAC	
Street Address 4247 PATZER AVE	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$15.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KEVIN W INTRIERI			Registration Number, if PAC	
Street Address 7743 WRYNECK DR	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$60.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHEN P. NEELY			Registration Number, if PAC	
Street Address 4193 MAPLEGROVE DR	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   9	Amount \$25.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CASH	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

200.00

Total expenditures this event.

101.97

Page Total \$ 200.00