

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				Registration Number, if PAC	
Street Address 4532 BENT CREEK PL		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD L STAGE				Registration Number, if PAC	
Street Address 2733 WOODGROVE DR		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARIE L MCKEON				Registration Number, if PAC	
Street Address 2633 SUANN		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHARLES W BOSO JR				Registration Number, if PAC	
Street Address 4416 BRYSTON RD		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH A ENDRES				Registration Number, if PAC	
Street Address 2581 CLARK DR		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN RUTH				Registration Number, if PAC	
Street Address 5341 RENSCH RD.		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$50.00
				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

\$0.00

Total expenditures this event.

\$0.00

\$260.00