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

Event Date	9/23/09
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Prescribed by Secretary of State 03/05

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Name of Committee in Full	TOOMANTEE		
THE ELECT STEVEN M BENNET	I COMMITTEE		
Full Name of Contributor GREG KOSTELAC	Registration Number, if PAC		
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
155 W MAIN ST #803	Employer	pation Dagor Organization	0 9 2 3 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
COLUMBUS	OH	43215	CASH
Full Name of Contributor			Registration Number, if PAC
WILLIAM F BYRD Street Address			No. 175 Vi Amount
2580 HOLTON RD	Employer/Occup	oation/Labor Organization*	M D Y Amount 3 20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
GROVE CITY	OH	43123	CASH
Full Name of Contributor			Registration Number, if PAC
TOM HIMES			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1655 THRAILKILL DR			0 9 2 3 0 9 \$20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
GROVE CITY	OH	43123	CASH
Full Name of Contributor			Registration Number, if PAC
AMERICAN AUTOMATIC TRANSMISS	SION CO		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4353 BROADWAY	- Cili	Tr: 0.1	0 9 2 3 0 9 \$50.00
City GROVE CITY	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK
Full Name of Contributor	UII	40120	Registration Number, if PAC
A MA A MANO OF COMMANDED	•		Tregionalism Finances, 12 2 1 C
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		The state of the s
Full Name of Contributor			Registration Number, if PAC
Street Address	F1 /O	1'- 7-1- O	M D Y Amount
3.000.1.000	ddress Employer/Occupation/Labor Organization*		
City	Stal te	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	- 1 C		M D Y Amount
on our read on	Employer/Occupa	tion/Labor Organization*	Amount
Dity	Stal te	Zip Code	Form (Cash, Check, etc.)
	OH		
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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.

\$429.85

^{*} 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)]