

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 DAVID DOWNING				Registration Number, if PAC	
Street Address 3710 KERSDALE PL		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$30.00
Full Name of Contributor SCOTT PERRY				Registration Number, if PAC	
Street Address 3311 SUMMER GLEN DR		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$25.00
Full Name of Contributor ARTHUR EVERS MAN JR				Registration Number, if PAC	
Street Address 2471 ZUBER RD		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$100.00
Full Name of Contributor PATRICK SOMERS				Registration Number, if PAC	
Street Address 4189 HILLSWOOD CT		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$40.00
Full Name of Contributor KEVIN FERGUSON				Registration Number, if PAC	
Street Address 2919 DUNHURST CT		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$100.00
Full Name of Contributor WILLIAM EDGAR				Registration Number, if PAC	
Street Address 5333 WOODGLEN RD		Employer/Occupation/Labor Organization*		M 0	D 9
City COLUMBUS		State OH	Zip Code 43214	Y 2	Amount \$50.00
Full Name of Contributor TERESA PERRY				Registration Number, if PAC	
Street Address 4327 BOULDER CREEK DR		Employer/Occupation/Labor Organization*		M 0	D 9
City GAHANNA		State OH	Zip Code 43230	Y 2	Amount \$50.00

* 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

\$395.00