

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>THE ELECT STEVEN M BENNETT COMMITTEE</b>							
Full Name of Contributor <b>DAVE BURRIS</b>				Registration Number, if PAC			
Street Address <b>4375 SHIRLENE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CASH</b>			
Full Name of Contributor <b>PATRICIA GRIESENHAUER</b>				Registration Number, if PAC			
Street Address <b>2406 BARSTONE CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>LUCILLE MCDOWELL</b>				Registration Number, if PAC			
Street Address <b>2406 BARSTONE CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>CHARLES &amp; DIANA TRENARY</b>				Registration Number, if PAC			
Street Address <b>3916 SANTA MARIA DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>ROBERT &amp; MARIA MCGRAW</b>				Registration Number, if PAC			
Street Address <b>2579 SCOTT CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>GARY WILSON</b>				Registration Number, if PAC			
Street Address <b>2075 MICHELLE DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>LYNNETTE STARNER</b>				Registration Number, if PAC			
Street Address <b>1857 KINGSCREEK DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$30.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			

\* 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**

Page Total \$ **230.00**