

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 Mike Estadt			Registration Number, if PAC	
Street Address 6936 Borror Rd	Employer/Occupation/Labor Organization*		M 09	D 12
City Orient	State OH	Zip Code 43146	Y 13	Amount 100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Ron Johnson			Registration Number, if PAC	
Street Address 6240 Mistover Ln	Employer/Occupation/Labor Organization*		M 09	D 12
City Canal Winchester	State OH	Zip Code 43110	Y 13	Amount 50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Bill Ferguson			Registration Number, if PAC	
Street Address 2371 Quail Meadows	Employer/Occupation/Labor Organization*		M 09	D 12
City Grove City	State OH	Zip Code 43123	Y 13	Amount 15.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Delores Conley			Registration Number, if PAC	
Street Address 5571 Gay Rd	Employer/Occupation/Labor Organization*		M 09	D 12
City Grove City	State OH	Zip Code 43123	Y 13	Amount 25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Dave Veelen			Registration Number, if PAC	
Street Address 4538 Clayburn Dr W	Employer/Occupation/Labor Organization*		M 09	D 12
City Grove City	State OH	Zip Code 43123	Y 13	Amount 25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Pedro Cadiz			Registration Number, if PAC	
Street Address 3350 Parkbrook	Employer/Occupation/Labor Organization*		M 09	D 12
City Grove City	State OH	Zip Code 43123	Y 13	Amount 25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
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

Total expenditures this event.

See pg 1

See pg 1

Page Total \$ **240.00**