



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee The Elect Steven M. Bennett Committee					
From Whom Received Steven M. Bennett & Debra Bennett				Prior Amount	Amt. Incurred this Period
Street Address 1806 Hawthorne Parkway					Outstanding Balance
City Grove City	State OH	Zip Code 43123	Loans Received This Period		Payments Received This Period
Date of Original Loan (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
		10/11/2017	3500.00		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received Steven M Bennett & Debra Bennett				Prior Amount	Amt. Incurred this Period
Street Address 1806 Hawthorne Parkway					Outstanding Balance
City Grove City	State OH	Zip Code 43123	Loans Received This Period		Payments Received This Period
Date of Original Loan (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
		06/07/2017	250.00		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$

Total Received This Period \$ 3750.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ (also record on Form 31-B)

Total Outstanding Balance \$ 3750.00 (also record on Form 30-A)