

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 JENNIFER L. MACKANOS			Registration Number, if PAC	
Street Address 5936 CLIPPER LANDING DR.	Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS	State OH	Zip Code 43228	Y 1	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CHRISTINE A. HOUK			Registration Number, if PAC	
Street Address 2099 STARGRASS AVE.	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CATHERINE B. GREWELL			Registration Number, if PAC	
Street Address 6026 WINNEBAGO ST.	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 1	Amount \$40.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor LINDA LANAM			Registration Number, if PAC	
Street Address 3597 MIDLAND ST.	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 1	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor BARBARA L. MINISTER			Registration Number, if PAC	
Street Address 6098 CATAWBA DR.	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 1	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CHARLES T. SMITH			Registration Number, if PAC	
Street Address 4719 TEABURY SQUARE S	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MARK SNODGRASS			Registration Number, if PAC	
Street Address 4175 LAWNVIEW DR.	Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS	State OH	Zip Code 43214	Y 1	Amount \$20.00
Form (Cash, Check, etc.) CASH				

* 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.

\$0.00

\$0.00

Page Total \$ **\$235.00**