

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 T M MORLEY				Registration Number, if PAC			
Street Address 2622 LANDINGS WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City GROVE CITY	State OH	Zip Code 43123		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN LECHNER				Registration Number, if PAC			
Street Address 2883 ANNABELLE CT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$75.00
City GROVE CITY	State OH	Zip Code 43123		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor TIMOTHY A MATHEWS				Registration Number, if PAC			
Street Address 5872 BIRCH BARK CIR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City GROVE CITY	State OH	Zip Code 43123		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MEAGHAN THOMPSON				Registration Number, if PAC			
Street Address 1843 EPIC WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$100.00
City GROVE CITY	State OH	Zip Code 43123		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MICHAEL ESTADT				Registration Number, if PAC			
Street Address 6936 BORROW RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City ORIENT	State OH	Zip Code 43146		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JEFF KILLIAN				Registration Number, if PAC			
Street Address 5569 SPRINGHILL RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$50.00
City GROVE CITY	State OH	Zip Code 43123		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JULIE HURT				Registration Number, if PAC			
Street Address 5296 MERRYBELL LN		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2309	\$25.00
City GROVE CITY	State OH	Zip Code 43123		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 \$ 400.00