

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 EDWARD & DIANNA BRISTLE				Registration Number, if PAC		
Street Address 1434 RIVER TRAIL DR	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CASH			
Full Name of Contributor DAVE & MAUREEN VEELEY				Registration Number, if PAC		
Street Address 4538 CLAYBURN DR W	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DEBORAH S BENNETT				Registration Number, if PAC		
Street Address 4752 COLONEL PERRY DR	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$25.00
City COLUMBUS	State OH	Zip Code 43229	Form (Cash, Check, etc.) CASH			
Full Name of Contributor GARY LEASURE				Registration Number, if PAC		
Street Address 2485 MILLIGAN GROVE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$100.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ANNE MARIE LEASURE				Registration Number, if PAC		
Street Address 4797 HEYCROSS DR	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$50.00
City GROVE CITY	State OH	Zip Code	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor BARBARA MINISTER				Registration Number, if PAC		
Street Address 6098 CATAWBA DR	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$25.00
City GROVE CITY	State OH	Zip Code	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor KAREN KOSTELAC				Registration Number, if PAC		
Street Address 155 W MAIN ST #803	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43215	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 \$ 350.00