Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date	9/23/09	
Page	5		

Name of Committee in Full					
THE ELECT STEVEN M BENNETT C	OMMITTEE				
Full Name of Contributor	Registration Number, if PAC				
DAVID DOWNING					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 9 2 3 0 9 \$30.00		
3710 KERSDALE PL	Stal te	Zip Code	0 9 2 3 0 9 \$30.00 Form (Cash, Check, etc.)		
City GROVE CITY	OH OH	43123	CHECK		
Full Name of Contributor			Registration Number, if PAC		
SCOTT PERRY					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
3311 SUMMER GLEN DR	Ctrita	Zip Code	0 9 2 3 0 9 \$25.00 Form (Cash, Check, etc.)		
City GROVE CITY	Stal te OH	43123	CHECK		
Full Name of Contributor			Registration Number, if PAC		
ARTHUR EVERSMAN JR					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
2471 ZUBER RD		1-0	0 9 2 3 0 9 \$100.00		
City GROVE CITY	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor	UII	TOTZO	Registration Number, if PAC		
PATRICK SOMERS					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
4189 HILLSWOOD CT			0 9 2 3 0 9 \$40.00		
City GROVE CITY	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor	J UΠ	43123	Registration Number, if PAC		
KEVIN FERGUSON					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
2919 DUNHURST CT			0 9 2 3 0 9 \$100.00		
City GROVE CITY	Stal te	Zip Code 43123	Form (Cash, Check, etc.)		
Full Name of Contributor		10120	Registration Number, if PAC		
WILLIAM EDGAR					
treet Address Employer/Occupation/Labor Organization*			M D Y Amount		
5333 WOODGLEN RD			0 9 2 3 0 9 \$50.00		
City COLUMBUS	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor			Registration Number, if PAC		
TERESA PERRY					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
4327 BOULDER CREEK DR			0 9 2 3 0 9 \$50.00		
City GAHANNA	Stal te	Zip Code 43230	Form (Cash, Check, etc.) CHECK		
GARANNA	OH.	40200	CHECK		

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

^{*} 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)]