

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>THE ELECT STEVEN M. BENNETT COMMITTEE</b>							
Full Name of Contributor <b>DONALD P. MATHEWS</b>				Registration Number, if PAC			
Street Address <b>2267 SALEM AVE.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>LUCILLE MCDOWELL</b>				Registration Number, if PAC			
Street Address <b>2406 BARSTONE CT.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>PATRICIA A. GRIESENauer</b>				Registration Number, if PAC			
Street Address <b>2406 BARSTONE CT.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$25.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>DAVID J. VEELEY</b>				Registration Number, if PAC			
Street Address <b>4538 CLAYBURN DR. W</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$50.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>CHESTER L. LOCKLAYER</b>				Registration Number, if PAC			
Street Address <b>162 PENICK AVE.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$50.00
City <b>DELAWARE</b>		State <b>OH</b>	Zip Code <b>43015</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>MICHAEL J. ESTADT</b>				Registration Number, if PAC			
Street Address <b>6936 BORROR RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$50.00
City <b>ORIENT</b>		State <b>OH</b>	Zip Code <b>43146</b>	Form (Cash, Check, etc.) <b>CHECK</b>			
Full Name of Contributor <b>DIANNA J. BRISTLE</b>				Registration Number, if PAC			
Street Address <b>1434 RIVER TRAIL DR.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	211	\$200.00
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>CHECK</b>			

\* 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 \$ 425.00