

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 RONALD L. JOHNSON				Registration Number, if PAC	
Street Address 6240 MISTOVER LN.		Employer/Occupation/Labor Organization*		M 0	D 9
City CANAL WINCHESTER		State OH	Zip Code 43110	Y 2	Amount \$30.00
Full Name of Contributor DON SARNOVSKY				Registration Number, if PAC	
Street Address 877 LONGSHORE RD.		Employer/Occupation/Labor Organization*		M 0	D 9
City SUNBURY		State OH	Zip Code 43074	Y 2	Amount \$100.00
Full Name of Contributor JENNY EDGAR				Registration Number, if PAC	
Street Address 5333 WOODGLEN		Employer/Occupation/Labor Organization*		M 0	D 9
City COLUMBUS		State OH	Zip Code 43214	Y 2	Amount \$25.00
Full Name of Contributor JENNIFER WADE				Registration Number, if PAC	
Street Address 2990 ASHTONROW W		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$20.00
Full Name of Contributor JIM BUCHER				Registration Number, if PAC	
Street Address 4209 MAYFAIR CT. N		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$10.00
Full Name of Contributor DEBORAH S. BENNETT				Registration Number, if PAC	
Street Address 1806 HAWTHORNE PKWY		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$70.00
Full Name of Contributor ROBERT J. MCGRAW				Registration Number, if PAC	
Street Address 2579 SCOTT CT.		Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY		State OH	Zip Code 43123	Y 2	Amount \$25.00

* 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)]

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 \$ **\$280.00**