

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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$50.00 | 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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$75.00 | 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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$50.00 | 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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$100.00 | 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 0 | D 9 | Y 2 |
| City ORIENT | State OH | Zip Code 43146 | Amount \$50.00 | 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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$50.00 | 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 0 | D 9 | Y 2 |
| City GROVE CITY | State OH | Zip Code 43123 | Amount \$25.00 | 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

\$0.00

Total expenditures this event.

\$0.00

\$100.00