

## Statement of Contributions Received

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>RICHARD C. RUTHERFORD</b>							Registration Number, if PAC		
Street Address <b>3739 BROADWAY</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>		State <b>OH</b>		Zip Code <b>43123</b>		M <b>1</b> D <b>0</b> Y <b>0</b>		Amount <b>\$200.00</b>	
Full Name of Contributor <b>MARY E. EVERSMAN</b>							Registration Number, if PAC		
Street Address <b>741 PIGEON DR.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>BROWNSBURG</b>		State <b>IN</b>		Zip Code <b>46112</b>		M <b>0</b> D <b>9</b> Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M <b>1</b> D <b>0</b> Y <b>0</b>		Amount	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E (9/21/11)</b>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M <b>0</b> D <b>9</b> Y <b>2</b>		Amount <b>\$1,115.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E (10/16/11)</b>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M <b>1</b> D <b>0</b> Y <b>1</b>		Amount <b>\$1,235.00</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M <b>1</b> D <b>0</b> Y <b>1</b>		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M <b>1</b> D <b>0</b> Y <b>1</b>		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M <b>1</b> D <b>0</b> Y <b>1</b>		Amount	

\* 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)]

Page Total \$2,600.00