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

Event Date	9/23/09
Page 2	

Prescribed by Secretary of State 03/05

THE ELECT STEVEN M BENNETT COMMITTEE Full Name of Contributor Registration Number, if PAC		rieschibed by secre	cary of Gate 05/05		
Four Number of Controllation	Name of Committee in Full				
GREG MACKANOS)MMITTEE			77
Signate	1	Registration Number, if P.	4C		
Sal to Zip Code	Street Address	Employer/Occupation/Labor Organization*			Amount
COLUMBUS	5936 CLIPPER LANDING			0 9 2 3 0 9	\$70.00
Full Name of Contributor	y -	,	'	1 '	
WISE ENGINEERING & SALES INC.	COLUMBUS	OH _i	43228		
Street Address		Registration Number, if Pa	AC .		
3145 CATON LOOP					
City GROVE CITY OH 43123 CHECK Pull Name of Contributor TREVI TECHNOLOGY INC Street Address 2451 MARBLEVISTA BLVD City COLUMBUS OH 43204 Full Name of Contributor DELORES CONLEY State Zip Code OH 43123 Employer/Occupation/Labor Organization* OH 43204 Employer/Occupation/Labor Organization* OH 43123 Amount O 9 2 3 0 9 \$40.00 City Columbus Full Name of Contributor DELORES CONLEY State Zip Code OH 43123 GROVE CITY OH 43123 CASH Full Name of Contributor State Zip Code OH 43119 Employer/Occupation/Labor Organization* OH Full Name of Contributor Full Name of Contributor State Zip Code OH Full Name of Contributor Full Name of Contributor State Zip Code OH Full Name of Contributor Full Name of Contributor State Address Sp36 CLIPPER LANDING Employer/Occupation/Labor Organization* OH	i e	Employer/Occup	Employer/Occupation/Labor Organization*		
GROVE CITY					\$100.00
Pull Name of Contributor TREVI TECHNOLOGY INC	l '	,	1 "	` ' '	
TREVITECHNOLOGY INC		Į UΠ	43123		
Employer/Occupation/Labor Organization*		Registration Number, it PAC			
2451 MARBLEVISTA BLVD		EI/O	ation/Labor Organization*	M D V	Amount
City COLUMBUS OH 43204 Perm (Cash, Check, etc.) CHECK Full Name of Contributor DELORES CONLEY Street Address 5571 GAYS DR Employer/Occupation/Labor Organization* Street Address Address Address ACASH Full Name of Contributor KAY KAHO Street Address Address ACASH Full Name of Contributor Full Name of Contributor KAY KAHO Street Address ACASH Full Name of Contributor Full Name of Contributor CASH Full Name of Contributor Full Name of Contributor CASH Full Name of Contributor Street Address ACASH Full Name of Contributor JENNIFER MACKANOS Street Address Full Name of Contributor Street Address ACASH Full Name of Contributor Full Name of Contributor JENNIFER MACKANOS Street Address ACASH Full Name of Contributor JENNIFER MACKANOS Street Address ACASH Full Name of Contributor JENNIFER MACKANOS Street Address ACASH Full Name of Contributor ACASH Full Name of Contributor JENNIFER MACKANOS Street Address ACASH AND		Employer/Occupation/Labor Organization*			
COLUMBUS		Sta te	Zip Code		4.0100
DELORES CONLEY Street Address Employer/Occupation/Labor Organization* M D D \$2 3 0 9 \$25.00	COLUMBUS	, ,		CHECK	Charles and Charles
Street Address Employer/Occupation/Labor Organization*	Full Name of Contributor			Registration Number, if PA	.C
State Zip Code Form (Cash, Check, etc.) State Zip Code CASH State CASH CASH	DELORES CONLEY				
State		Employer/Occupa	ation/Labor Organization*		
Street Address	5571 GAYS DR				\$25.00
Full Name of Contributor KAY KAHO Street Address Employer/Occupation/Labor Organization* Cash, Check, etc.) Stale	·	1 '	'		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Street Address 2300 KUN Z RD Employer/Occupation/Labor Organization*		OH	43123		
Stal te Zip Code Form (Cash, Check, etc.)				Registration Number, if PA	С
GALLOWAY OH 43119 CASH Full Name of Contributor JENNIFER MACKANOS Street Address 5936 CLIPPER LANDING City COLUMBUS Full Name of Contributor ARTHUR SCHMIT Street Address 4697 HUNTING CREEK DR CHART HUNTING CREEK DR Pegistration Number, if PAC Registration Number, if PAC Stal te Zip Code CHECK Registration Number, if PAC Registration Number, if PAC Stal te Zip Code CHECK Registration Number, if PAC Stal te Zip Code CHECK Form (Cash, Check, etc.) Amount Number, if PAC Stal te Zip Code Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.)	Street Address 2300 KUNZ RD	Employer/Occupation/Labor Organization*			
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State		Registration Number, if PA	C .		
COLUMBUS OH 43228 CHECK Pull Name of Contributor ARTHUR SCHMIT Street Address 4697 HUNTING CREEK DR Employer/Occupation/Labor Organization* M D D Y Amount 0 9 2 3 0 9 \$50.00 Stal te Zip Code Form (Cash, Check, etc.)		Employer/Occupa	tion/Labor Organization*		
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		Employer/Occupation/Labor Organization*			¥
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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 expenditures this event.

\$0.00

\$0.00

\$335.00

^{*} 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)]