## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 9/23/09	
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Name of Committee in Full THE ELECT STEVEN M BENNETT COM Full Name of Contributor	MITTEE			
			Registration Number, if PAC	
EDWARD BRISTIS				
Street Address 1434 RIVER TRAIL DR	Employer/Occupation/Labor Organization*		M D D Amount	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
GROVE CITY	OH	43123	CASH	
Full Name of Contributor  MAUREEN VEELEY		and the second conditions of the second seco	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
4538 CLAYBURN DR W			0 9 2 3 0 9 \$50.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
GROVE CITY	OH	43123	CHECK	
Full Name of Contributor DEBORAH S BENNETT			Registration Number, if PAC	
Street Address	T1/0		M D Y Amount	
4752 COLONE L PERRY DR	Employer/Occupation/Labor Organization*		0 9 2 3 0 9 \$25.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
COLUMBUS	OH,	43229	CASH	
Full Name of Contributor			Registration Number, if PAC	
- GARY LEASURE				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
2485 MILLIGAN GROVE			0 9 2 3 0 9 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
GROVE CITY	OH	43123	CHECK	
Full Name of Contributor ANNE MARIE LEASURE			Registration Number, if PAC	
Street Address 4797 HEYCROSS DR	Employer/Occupation/Labor Organization*		0 9 2 3 0 9 Amount \$50.00	
City GROVE CITY	OH,	Zip Code	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BARBARA MINISTER	333600000000000000000000000000000000000		Registration Number, if PAC	
Street Address 6098 CATAWBA DR	Employer/Occupation/Labor Organization*		0 9 2 3 0 9 Amount \$25.00	
City GROVE CITY	Stal te OH	Zip Code	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN KOSTELAC		en dia menandia dia mendendra dia mentendra dia mendendra dia dia dia dia dia dia dia dia dia di	Registration Number, if PAC	
treet Address 155 W MAIN ST #803	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 0 9 \$50.00	
ity COLUMBUS	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) CASH	

Fill in the boxes below only on the last page for this event.

Fransfer 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

<sup>\*</sup> 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)]