

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 EDWARD BRISTLE						Registration Number, if PAC	
Street Address 1434 RIVER TRAIL DR			Employer/Occupation/Labor Organization*			M 0	D 9
City GROVE CITY			State OH			Y 2	Amount \$50.00
Full Name of Contributor MAUREEN VEELEY			Registration Number, if PAC				
Street Address 4538 CLAYBURN DR W			Employer/Occupation/Labor Organization*			M 0	D 9
City GROVE CITY			State OH			Y 2	Amount \$50.00
Full Name of Contributor DEBORAH S BENNETT			Registration Number, if PAC				
Street Address 4752 COLONEL PERRY DR			Employer/Occupation/Labor Organization*			M 0	D 9
City COLUMBUS			State OH			Y 2	Amount \$25.00
Full Name of Contributor GARY LEASURE			Registration Number, if PAC				
Street Address 2485 MILLIGAN GROVE			Employer/Occupation/Labor Organization*			M 0	D 9
City GROVE CITY			State OH			Y 2	Amount \$100.00
Full Name of Contributor ANNE MARIE LEASURE			Registration Number, if PAC				
Street Address 4797 HEYCROSS DR			Employer/Occupation/Labor Organization*			M 0	D 9
City GROVE CITY			State OH			Y 2	Amount \$50.00
Full Name of Contributor BARBARA MINISTER			Registration Number, if PAC				
Street Address 6098 CATAWBA DR			Employer/Occupation/Labor Organization*			M 0	D 9
City GROVE CITY			State OH			Y 2	Amount \$25.00
Full Name of Contributor KAREN KOSTELAC			Registration Number, if PAC				
Street Address 155 W MAIN ST #803			Employer/Occupation/Labor Organization*			M 0	D 9
City COLUMBUS			State OH			Y 2	Amount \$50.00

* 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

\$0.00

Total expenditures this event.

\$0.00

\$350.00