

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 Ted Berry			Registration Number, if PAC	
Street Address 5311 Summer Glen	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor Citizens For Maria C Klemack - McGraw			Registration Number, if PAC	
Street Address PO Box 1392	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor Diana Brislle			Registration Number, if PAC	
Street Address 1434 River Trail	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 200.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor Theresa Edgar			Registration Number, if PAC	
Street Address 5333 Woodglen Rd	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 25.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) CK	
Full Name of Contributor Christian Roth			Registration Number, if PAC	
Street Address 6154 Catawba Dr	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor Donald Mathews			Registration Number, if PAC	
Street Address 2267 Salem Ave	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor Reginald Braton			Registration Number, if PAC	
Street Address 2246 Berry Hill	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>12</u> Y <u>13</u>	Amount 25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	

* 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

715.00

Total expenditures this event.

189.25

Page Total \$

475.00

Net 715.00