

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

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>JENNIFER L. MACKANOS</b>				Registration Number, if PAC	
Street Address <b>5936 CLIPPER LANDING DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43228</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>JULIE A. CALLAHAN</b>					
Street Address <b>5296 MERRYBELL LN.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$35.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>RUTHERFORD FOR WARD 3 COUNCIL COMMITTEE</b>					
Street Address <b>6388 N. BUCKEYE PATH DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$200.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>KAREN J. DOVER-BAKER</b>					
Street Address <b>5354 THORNHILL CT.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>KAREN A. BLACKBURN</b>					
Street Address <b>4247 PATZER AVE.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$15.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>PAULA A. BLAIR</b>					
Street Address <b>3191 LOTZ DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>GROVE CITY</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$10.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

\* 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

Total expenditures this event.

**\$1,115.00**

**\$222.00**

Page Total \$ **\$410.00**