



Statement of Other Income

Form 31-A-2
R.C. 3517.10(B)

Full Name of Committee			
The Elect Steven M. Bennett Committee			
Full Name of Contributor			Registration Number, if PAC
Debra L. Bennett			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
1806 Hawthorne Pkwy.	Loan Payments Received	06/07/2017	check
City	State	Zip Code	Amount
Grove City	OH	43123	250.00
Full Name of Contributor			Registration Number, if PAC
Debra L. Bennett			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
1806 Hawthorne Pkwy.	Loan Payments Received	10/11/2017	check
City	State	Zip Code	Amount
Grove City	OH	43123	3500.00
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.