

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						Registration Number, if PAC	
Full Name of Contributor JOE S SOTO						Registration Number, if PAC	
Street Address 2450 AMETHYST LN		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$25.00
City GROVE CITY		State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor SCOTT L PERRY						Registration Number, if PAC	
Street Address 3311 SUMMER GLEN DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$25.00
City GROVE CITY		State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JENNIFER MACKANOS						Registration Number, if PAC	
Street Address 5936 CLIPPER LANDING DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$50.00
City COLUMBUS		State OH	Zip Code 43228	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor KAREN A BLACKBURN						Registration Number, if PAC	
Street Address 4247 PATZER AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$15.00
City GROVE CITY		State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor KEVIN W INTRIERI						Registration Number, if PAC	
Street Address 7743 WRYNECK DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$60.00
City DUBLIN		State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor STEPHEN P. NEELY						Registration Number, if PAC	
Street Address 4193 MAPLEGROVE DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1609	\$25.00
City GROVE CITY		State OH	Zip Code 43123	Form (Cash, Check, etc.) CASH			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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

Page Total \$ **200.00**