

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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Full Name of Committee <b>BENNETT FOR CLERK OF COURTS</b>		Registration Number, if PAC	
Full Name of Candidate <b>TODD A. BENNETT</b>			
Street Address <b>694 SHERMAN RD.</b>		Office Sought <b>CLERK OF COURTS</b>	District
City <b>CHILLICOTHE</b>		State <b>OH</b>	Zip Code <b>45601</b>
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination		Annual Year Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	<b>0<sup>M</sup> 3 0<sup>D</sup> 6 1<sup>Y</sup> 2</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	-	00
2. Total monetary contributions (From Form No. 31-A)	\$	1,465	00
3. Total other income (From Form No. 31-A-2)	\$	770	00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,235	00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,546	99
6. Balance on hand (line 4 minus line 5)	\$	688	01
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF PERJURY TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LISA A. BENNETT

Todd Bennett

2-20-12

Contribution 4 Expenditure 1 Other 11 Total 16

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Bennett for Clerk of Courts, Shirley Bennett, Treasurer.</i>					
Full Name of Contributor <i>Marilyn Barnes</i>				Registration Number, if PAC	
Street Address <i>6164 Marietta Rd.</i>		Employer/Occupation/Labor Organization* <i>Accountant</i>		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Chillicothe, Oh.</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$115<sup>00</sup></i>
Full Name of Contributor <i>Joyce Atwood</i>					
Street Address <i>10 Overlook Dr.</i>				Employer/Occupation/Labor Organization* <i>Retired Asst. Superintendent</i>	
City <i>Chillicothe</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$30<sup>00</sup></i>
Full Name of Contributor <i>Scott Nusbaum</i>					
Street Address <i>225 Yappes Orchard Dr</i>				Employer/Occupation/Labor Organization* <i>Judge</i>	
City <i>Chillicothe,</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$40<sup>00</sup></i>
Full Name of Contributor <i>Dr. N. Jalbuena, Jr.</i>					
Street Address <i>46 Ledgewood Dr.</i>				Employer/Occupation/Labor Organization* <i>Physician</i>	
City <i>Chillicothe</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$50<sup>00</sup></i>
Full Name of Contributor <i>Stephen A. Brown</i>					
Street Address <i>331 Cooks Hill Rd.</i>				Employer/Occupation/Labor Organization* <i>Gladfelter</i>	
City <i>Chillicothe</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$50<sup>00</sup></i>
Full Name of Contributor <i>Dr. Michael Chester</i>					
Street Address <i>18 Suncrest Ct.</i>				Employer/Occupation/Labor Organization* <i>Dentist</i>	
City <i>Chillicothe</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$50<sup>00</sup></i>
Full Name of Contributor <i>Dr. Alan Mong</i>					
Street Address <i>68 Highland Ave.</i>				Employer/Occupation/Labor Organization* <i>Physician</i>	
City <i>Chillicothe</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$50<sup>00</sup></i>
Full Name of Contributor <i>David Cutright</i>					
Street Address <i>1 Sunbury Rd.</i>				Employer/Occupation/Labor Organization* <i>Retired Judge</i>	
City <i>Chillicothe, O</i>		State <i>Oh.</i>	Zip Code <i>45601</i>	M   D   Y <i>0   1   19   12</i>	Amount <i>\$50<sup>00</sup></i>

\* 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)]

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Bennett for Clerk of Courts, Shirley Bennett, Treasurer							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Ronald Rutherford (Mrs. Sherie)		Attorney		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
22 Ledgewood Dr.		Chillicothe		Check			
Christina Schramm							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
166 Columbia Ave.		Kindred Care		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			
John Payne							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
323 W. Fourth St.		Retired School Principal		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			
Matthew Schmidt							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
486 Stacy Rd.		Prosecutor		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			
Byron Francis							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
520 Forest Lane		Retired - Mead		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			
Larry Gates							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
83 Applewood Dr.		Retired - Philip Morris		0	1	12	\$50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			
Geoffrey Wayland							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
562 Belleview		Electrician - U SEC		0	1	12	50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
Chillicothe		Ch.		Check			

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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

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Total expenditures this event.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	
Bennett for Clerk of Courts, Shirley Bennett, Treasurer		Michael Porcoran			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
12127 Rt. 50 W.	Farmer	0	1	9	\$50 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe, Oh.	OH	45601	Check		
Claire Freed					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
78 E. Second St.	Attorney	0	1	9	\$100 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Check		
Nancy Mc Neely					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
301 Pyleys Lane	Retired City Employee	0	1	9	\$50 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Check		
Alan Noel					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
14 Suncrest Ct.	Physician	0	1	9	\$150 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Check		
Jon R. Lodge					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
687 Summerhill Dr.	Litter Corp.	0	1	9	\$100 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Check		
Mrs. Bruce Watts					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
30 Oakwood Dr.	Retired Teacher	0	1	9	\$50 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Check		
Joe Sharp					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
476 Renick Lane	Developer	0	1	9	\$100 <sup>00</sup>
City	State	Zip Code	Form (Cash, Check, etc.)		
Chillicothe	OH	45601	Cash		

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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

\$ ~~3000~~  
1385

Total expenditures this event.

\$0.00

600<sup>00</sup>  
 Page Total \$ ~~800~~

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Bennett for Clerk of Courts - Shirley Bennett, Treasurer</i>						
Full Name of Contributor <i>Priscilla Smith</i>				Registration Number, if PAC		
Street Address <i>89 Maple Orchard</i>		Employer/Occupation/Labor Organization* <i>Pump House Director</i>			Form (Cash, Check, etc.) <i>check</i>	
City <i>Chillicothe,</i>	State <i>Oh.</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>19</i>	Y <i>12</i>	Amount <i>50<sup>00</sup></i>
Full Name of Contributor <i>Jim Nusbaum</i>				Registration Number, if PAC		
Street Address <i>62 Applewood</i>		Employer/Occupation/Labor Organization* <i>Dentist</i>			Form (Cash, Check, etc.) <i>cash</i>	
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>19</i>	Y <i>12</i>	Amount <i>\$30<sup>00</sup></i>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

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# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Bennett for Clerk of Courts</b>									
To Whom Paid <b>Judd A. Bennett</b>						M	D	Y	Amount
Address <b>70 Ledgewood Dr.</b>						<b>02</b>	<b>03</b>	<b>12</b>	<b>655.29</b>
City <b>Chillicothe, Oh. 45601</b>						Purpose <b>Supplies for Fund Raiser</b>			Check Number
State <b>OH</b>						Zip Code <b>45601</b>			<b>997</b>
To Whom Paid <b>Red Barn Silk Screen &amp; Embroidery, Inc.</b>						M	D	Y	Amount
Address <b>1144 Northridge Rd.</b>						<b>02</b>	<b>03</b>	<b>12</b>	<b>590.64</b>
City <b>Circleville</b>						Purpose <b>250 Yard Signs</b>			Check Number
State <b>OH</b>						Zip Code <b>43113</b>			<b>996</b>
To Whom Paid <b>Mile Tree Screen Print</b>						M	D	Y	Amount
Address <b>233 Renick Ave.</b>						<b>02</b>	<b>01</b>	<b>12</b>	<b>136.96</b>
City <b>Chillicothe</b>						Purpose <b>16 Tee Shirts</b>			Check Number
State <b>OH</b>						Zip Code <b>45601</b>			<b>994</b>
To Whom Paid						M	D	Y	Amount
Address									
City						Purpose			Check Number
State <b>OH</b>						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Purpose			Check Number
State <b>OH</b>						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Purpose			Check Number
State <b>OH</b>						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Purpose			Check Number
State <b>OH</b>						Zip Code			