

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Wade Steen							
Full Name of Contributor David Drees					Registration Number, if PAC		
Street Address 3781 Criswell Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor Christian Laver					Registration Number, if PAC		
Street Address 7650 Rivers Edge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 9	D 3 0	Y 0 9	Amount 150.00	
Full Name of Contributor Frank Tice					Registration Number, if PAC		
Street Address 2570 Abington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 9	D 3 0	Y 0 9	Amount 200.00	
Full Name of Contributor Cheryl Lee					Registration Number, if PAC		
Street Address 2455 Sherwin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 3 0	Y 0 9	Amount 100.00	
Full Name of Contributor Sharon Denehy					Registration Number, if PAC		
Street Address 2268 Abington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 5	Y 0 9	Amount 50.00	
Full Name of Contributor Citizens for Rankin					Registration Number, if PAC		
Street Address 266 N. Fourth Street, Ste. 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 5	Y 0 9	Amount 75.00	
Full Name of Contributor David Zadnik					Registration Number, if PAC		
Street Address 1920 Edgemont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 0 5	Y 0 9	Amount 50.00	
Full Name of Contributor Jodi Patton					Registration Number, if PAC		
Street Address 4766 Riverside Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 1 6	Y 0 9	Amount 250.00	

* 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 appear. [R.C. 3517.10(B)(4)]