Event Date	6/20/10
Page	6

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		retary of State 5/05				
Committee for Wade Steen						
Name of Contributor			Registration Number, if PAC			
Eric Richter			i ce gradianon			
Street Address	Employer#Danus	ation/Labor Organization*	- Н П	D Y	Amount	
	EmployerAccup	Employer/Occupation/Labor Organization*		. 1 .	0	50.00
314 W. Fifth Avenue	State			Check,etc)	01	50.00
City	O H	Zip Code 43201				
Columbus	() П	43201	Cash Registration Number, if PAC			
Full Name of Contributor			Kegistiation	i Number, ii	inc	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount	
City	State	Zip Code	Form(Cash,	Check,etc)		
Full Name of Contributor	<u></u>		Registration	Registration Number, if PAC		
<u> </u>	···		M	5 J V	1	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount	
City	State	Zip Code	Form(Cash,	Check,etc)		
Full Name of Contributor		<u> </u>	Registration	Number, if	PAC	
Street Address	Employer/Occup	nation/Labor Organization*	M	D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		, ,	
Full Name of Contributor	•		Registration	n Number, if	PAC	·
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Am		Amount	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration	n Number, if	PAC	
Street Address	Employer/Occup	oation/Labor Organization*	М	D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor		<u> </u>	Registratio	n Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D Y	Amount	
City	State	Zip Code	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 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 ever	it
2, 250,00	3

Total expenditures this event				
347.53	7			

Page Total \$ 50.00