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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee for Wade Steen								
Full Name of Contributor			Registration Number, if PAC					
FROM 31-E 7/19/2009 EVENT			22					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	V-660-187-187-187-187-187-187-187-187-187-187						5,550.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	C		
Joan Dugger								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1788 Coventry Road					Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	0 H	43212	0 8				100.00	
Full Name of Contributor	Registration Number, if PAC							
Mary Pitman					Olivery disagnation			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	Theck, etc.)	
2582 Henthorn Road				,		Check		
City	State	Zip Code	M	D	Y	Amount	400.00	
Columbus	IO H	43221	0 8				100.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .		
Thomas Cotter						T (C1- C	211	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, C	neck, etc.)	
1821 N. Devon Road		10: 0 1	1 1/	1 5	1 37	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	O H	43212	0 8		0 9 ber, if PA		100.00	
Full Name of Contributor			Registia	HOII INIIII	1001, 11 17	ic .		
Margaret Andrioff	Eloves/Ocea	notion/Lohor Organization*			wind to the control of the control o	Form (Cash, C	heck etc.)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Check		
1426 S. Roosevelt Avenue	State	Zip Code	М	D	Y	Amount		
Columnia a	OH	i "	0 8	1	0 9		40.00	
Columbus Full Name of Contributor	I U I II	1 40209					10.00	
Full Name of Contributor Registration Number, if PAC Scott Williams								
Street Address	Employer/Occu	Form (Cash, Ch			Check, etc.)			
2531 Sherwin Road						Check		
City City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	-	0/9	2 5	0 9		25.00	
Full Name of Contributor					nber, if P			
Douglas Rogers								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
2516 Sherwin Road					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43221	09	2 5	0 9		100.00	
Full Name of Contributor			Registra	ation Nur	nber, if P.	AC		
Laurel Sawhill				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2355 Onandaga Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221	0 9	2 5	$0 \mid 9$		100.00	

* 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)]

Page Total \$ 6,115.00