Event Date	6/20/10
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
Committee for Wade Steen						
Full Name of Contributor				Registration Number, if PAC		
Mary Stephensen			<u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
2324 Abington Rd.				1   0	5 <u>0.00</u>	
City	State	Zip Code	Form(Cash,Check,		ye.	
Columbus	O   H	43221	Check			
Full Name of Contributor			Registration Numb	er, if PAC		
Thomas R. Gross, Jr.						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	200.00	
2531 Abington Rd.				1 0	200.00	
City	State	Zip Code	Form(Cash,Check,			
Columbus	0   H	43221	Check	_		
Full Name of Contributor				er, if PAC		
Jodi Dennis						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	<b>=</b> 0.00	
3010 Oakridge Rd.				1 0	5 <u>0.00</u>	
City	State	Zip Code	Form(Cash,Check,			
Columbus	$O \mid H$	43221	Check			
Full Name of Contributor		<del></del>	Registration Numb	er, if PAC		
Jonathan Melchi						
Street Address	Employer/Occupation/Labor Organization*		MD	Y Amount	=0.00	
1984 Elmwood Ave., Apt. A			0 6 2 0		50.00	
City	State	Zip Code	Form(Cash,Check,			
Columbus	O   H	43212	Check			
Full Name of Contributor	_		Registration Numb	er, if PAC		
Erik Yassenoff						
Street Address	Employer/Occupation/Labor Organization*		M D D 0 6 2 0	Y Amount	<b></b>	
1990 Hampshire Rd.				1 0	5 <u>0.00</u>	
City	State	Zip Code	Form(Cash,Check			
Columbus	O   H	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Donna Burns						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	-2.63	
185 E. Columbus Street			0 6 2 0		50.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	<u>0   H</u>	43206	Check		•	
Full Name of Contributor			Registration Numb	er, if PAC		
Patricia Laudick			M D			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	-2.55	
2236 Abington Road				110	50.00	
City	State	Zip Code	Form(Cash,Check Check			
Columbus	$O \mid H$	O H 43221		<b>(</b>	c	
					=	

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

Total contributions this event				
2	200	00		

Page Total \$ 500.00

<sup>\*</sup> 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)]