

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee for Wade Steen</b>								
To Whom Paid <b>Wade Steen</b>					M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>347.53</b>
Address <b>2500 Sherwin Road</b>		Purpose <b>Reimbursement - Catering for Fundraising Event</b>						
City <b>Upper Arlington</b>		State <b>O   H</b>	Zip Code <b>43221</b>		Check Number <b>1079</b>			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 	Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.