

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | |
|--|---|--------------------------|-------------------------|-----------------------------|----------------|
| Name of Committee in Full Committee for Wade Steen | | | | | |
| Full Name of Contributor Donna Mason | | | | Registration Number, if PAC | |
| Street Address 1570 London Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43221 | Amount 50.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor David Drees | | | | Registration Number, if PAC | |
| Street Address 3781 Criswell Drive | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43220 | Amount 50.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Martha Corbett | | | | Registration Number, if PAC | |
| Street Address 2849 Welsford Rd | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43221 | Amount 25.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor R. E. Schumacher, Jr. | | | | Registration Number, if PAC | |
| Street Address 2649 Clarion Ct. | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43220 | Amount 50.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Blaize O'Brien | | | | Registration Number, if PAC | |
| Street Address 2495 Sherwin Road | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43221 | Amount 50.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Elizabeth Holbert | | | | Registration Number, if PAC | |
| Street Address 2080 Middlesex Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43220 | Amount 50.00 | | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Mary Jane Overmyer | | | | Registration Number, if PAC | |
| Street Address 2480 Stonehaven Pl. | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 20 |
| City Columbus | State O | Zip Code 43220 | Amount 100.00 | | |
| Form(Cash,Check,etc) Check | | | | | |

* 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 event

2,250.00

Total expenditures this event

347.53

Page Total \$ 375.00