

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 Mark Pottschmidt				Registration Number, if PAC			
Street Address 2048 Wickford Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		200.00
City Upper Arlington		State O	H	Zip Code 43221		Form(Cash, Check, etc) Check	
Full Name of Contributor Catherine Drake				Registration Number, if PAC			
Street Address 2611 Berwyn Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		100.00
City Columbus		State O	H	Zip Code 43221		Form(Cash, Check, etc) Check	
Full Name of Contributor Mark Galantowicz				Registration Number, if PAC			
Street Address 2610 Slate Run Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		100.00
City Columbus		State O	H	Zip Code 43220		Form(Cash, Check, etc) Check	
Full Name of Contributor Edwin Overmyer				Registration Number, if PAC			
Street Address 2245 North Bank Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		200.00
City Columbus		State O	H	Zip Code 43220		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	D	Y	Amount
				0	7	1	0
				0	9		100.00
City Upper Arlington		State O	H	Zip Code 43220		Form(Cash, Check, etc) Check	
Full Name of Contributor Claire Hamilton				Registration Number, if PAC			
Street Address 1919 Cambridge Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		100.00
City Upper Arlington		State O	H	Zip Code 43212		Form(Cash, Check, etc) Check	
Full Name of Contributor Thomas R. Gross Jr.				Registration Number, if PAC			
Street Address 2531 Abington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	0
				0	9		200.00
City Upper Arlington		State O	H	Zip Code 43221		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

Total expenditures this event

Page Total \$ 1,000.00