

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 Mike Whitman				Registration Number, if PAC			
Street Address 2416 Abington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Erik Yassenoff				Registration Number, if PAC			
Street Address 2260 Swansea Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	250.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Catalano				Registration Number, if PAC			
Street Address 1732 Essex Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	75.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Sondra Zigler				Registration Number, if PAC			
Street Address 2955 Pickwick		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Bruce Savage				Registration Number, if PAC			
Street Address 1950 Cambridge Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	25.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Robin Donahue				Registration Number, if PAC			
Street Address 2365 Club Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Jean Crawford				Registration Number, if PAC			
Street Address 1960 Tremont Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O H	Zip Code 43212	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 \$ 650.00