

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 Molly Holland			Registration Number, if PAC	
Street Address 2358 Brixton Road	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Nicholas Everhart			Registration Number, if PAC	
Street Address 17 W. Third Avenue	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43201	Form(Cash, Check, etc) Check	
Full Name of Contributor Jane Townsley			Registration Number, if PAC	
Street Address 2786 S. Dorchester Road	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Toby Livingston			Registration Number, if PAC	
Street Address 1704 Sundridge Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 250.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Jean Gabel			Registration Number, if PAC	
Street Address 2140 N. Parkway Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Norman Burns			Registration Number, if PAC	
Street Address 751 S. Lazelle Street	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor Donna Burns			Registration Number, if PAC	
Street Address 751 S. Lazelle Street	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206	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 \$ 900.00