

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 Andrew Smith				Registration Number, if PAC			
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Cindy Braun				Registration Number, if PAC			
Street Address 4321 Latin Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Carolyn Gifford				Registration Number, if PAC			
Street Address 4256 Mountview Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Pamela Shisler				Registration Number, if PAC			
Street Address 2252 Brixton Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Diane Hobson				Registration Number, if PAC			
Street Address 4520 Tetford Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Upper Arlington		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor J. Richard Brown				Registration Number, if PAC			
Street Address 7090 Rieber Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Worthington		State O	H	Zip Code 43085	Form(Cash,Check,etc) Check		
Full Name of Contributor Erick Piscopo				Registration Number, if PAC			
Street Address 2741 Tremont Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus		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

1,255.00(R.C. 9-12)

Total expenditures this event

- 0 -Page Total \$ 275.00