

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Wade Steen							
Full Name of Contributor Linda Smith					Registration Number, if PAC		
Street Address 2375 Brixton Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Mark Galantowicz					Registration Number, if PAC		
Street Address 2610 Slate Run Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 5	Y 0 9	Amount 25.00	
Full Name of Contributor Jennifer Imes					Registration Number, if PAC		
Street Address 1730 King Avenue, Apt. D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 1 5	Y 0 9	Amount 50.00	
Full Name of Contributor Cheryl Turnbull					Registration Number, if PAC		
Street Address 2384 W. Lane Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 5	Y 0 9	Amount 40.00	
Full Name of Contributor James Lockwood					Registration Number, if PAC		
Street Address 1593 Pemberton Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1 0	D 1 5	Y 0 9	Amount 25.00	
Full Name of Contributor William Clark					Registration Number, if PAC		
Street Address 600 S. High Street, Ste. 202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 5	Y 0 9	Amount 25.00	
Full Name of Contributor FROM 31-E 10/16/2009 EVENT					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 1,255.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]