| Page <u>4</u> |
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |                             |                             | o technical de la companie de la co | mennyllyn dinamen        |  |            |  |
|--|--|-----------------------------|-----------------------------|--|--------------------------|--|------------|--|
| Name of Committee in Full                |  |                             |                             |  |                          |  |            |  |
| Committee for Wade Steen                 |  |                             |                             |  |                          | _  |            |  |
| Name of Contributor                      |  |                             | Registration Number, if PAC |  |                          |  |            |  |
| Linda Smith                              |  |                             |                             |  |                          |  |            |  |
| Street Address                           | Employer/Occupation/Labor Organization*  |                             |                             |  |                          | Form (Cash, Check, etc.)   |            |  |
| 2375 Brixton Road                        |  |                             | 1                           | T  | 1                        | Check  |            |  |
| City                                     | State  | Zip Code                    | M                           | D  | Y                        | Amount   | F0.00      |  |
| Columbus                                 | 0 H  | 43221                       | 0 9                         | 1 6  | 0 9                      |  | 50.00      |  |
| Full Name of Contributor                 |  |                             | Registra                    | tion Num   | ber, if PA               | .C   |            |  |
| Mark Galantowicz                         | T- 1 /   |                             |                             |  |                          |  |            |  |
| Street Address                           | Employer/Occupation/Labor Organization*  |                             |                             |  |                          | Form (Cash, Check, etc.)   |            |  |
| 2610 Slate Run Road                      |  | Ta: 0.1                     | 1 1                         | 1 5  | 1 37                     | Check  |            |  |
| City                                     | State  | Zip Code                    | M                           | D  | Y                        | Amount   | 25.00      |  |
| Columbus                                 | O   H  | 43220                       | 1 0                         |  |                          |  | 25.00      |  |
| Full Name of Contributor                 |  |                             | Registra                    | tion Num   | oer, ii PA               | .C   |            |  |
| Jennifer Imes                            | In 1 /0  |                             |                             |  |                          | r (Cl- Cl  | -14- \     |  |
| Street Address                           | Employer/Occup   | ation/Labor Organization*   |                             |  |                          | Form (Cash, Check, etc.)   |            |  |
| 1730 King Avenue, Apt. D                 | Gt.t.  | 17:. 6. 1.                  | T 37                        | D  | 1 37                     | Check<br>Amount  |            |  |
| City                                     | State  | Zip Code                    | M                           |  | Y                        | Amount   | E0.00      |  |
| Columbus Full Name of Contributor        | O   H  | 43212                       | 1 0                         | 15<br>tion Num   | 0 9                      |  | 50.00      |  |
|  |  |                             | Registra                    | mon num  | ber, ii rA               | i.C  |            |  |
| Cheryl Turnbull                          | Templeyor/Occup  | untian / abor Organization* |                             |  |                          | Form (Cash, Che  | oic ato )  |  |
| Street Address                           | Employer/Occupation/Labor Organization*  |                             |                             |  | Form (Cash, Check, etc.) |  |            |  |
| 2384 W. Lane Avenue                      | State  | Zip Code                    | M                           | ΙD   | Y                        | Check<br>Amount  |            |  |
|  | OH   | 43221                       |                             | 1 .  | 0 9                      | Amount   | 40.00      |  |
| Columbus Full Name of Contributor        | 0   11   | 1 43221                     | 1 0                         | 15<br>tion Num   |                          | C  | 40.00      |  |
| James Lockwood                           |  |                             | Rogisur                     | ccon rum   |                          |  |            |  |
| Street Address                           | Employer/Occur   | nation/Labor Organization*  |                             |  |                          | Form (Cash, Che  | eck etc.)  |  |
| 1593 Pemberton Drive                     | Employer/Occupation/Labor Organization*  |                             |                             |  | Check                    |  |            |  |
| City                                     | State  | Zip Code                    | M                           | D  | Y                        | Amount   |            |  |
| Upper Arlington                          | $O \mid H$   | 43221                       | i i                         | 1 5  | 1                        | #<br>\$  | 25.00      |  |
| Full Name of Contributor                 |  |                             |                             | tion Num   |                          | STATE OF THE PROPERTY OF THE P | #O+00      |  |
| William Clark                            |  |                             |                             |  | ,                        |  |            |  |
| Street Address                           | Employer/Occupation/Labor Organization*  |                             |                             |  |                          | Form (Cash, Check, etc.)   |            |  |
| 600 S. High Street, Ste. 202             | Market State of the Control of the C |                             |                             |  |                          |  | , ,        |  |
| City                                     | State  | Zip Code                    | M                           | D  | Y                        | Check<br>Amount  |            |  |
| Columbus                                 | OH   | 43215                       | 110                         | 1 5  | 0 9                      | 55mmHH   | 25.00      |  |
| Full Name of Contributor                 |  |                             |                             | ation Num  |                          |  |            |  |
| FROM 31-E 10/16/2009 EVENT               |  |                             |                             |  |                          |  |            |  |
| Street Address                           | Employer/Occur   | pation/Labor Organization*  | <u> </u>                    |  |                          | Form (Cash, Che  | eck, etc.) |  |
|  |  | -                           |                             |  |                          |  | ·          |  |
| City                                     | State  | Zip Code                    | М                           | D  | Y                        | Amount   |            |  |
|  |  |                             |                             |  |                          | ,  | 1,255.00   |  |
| Full Name of Contributor                 |  |                             | Registra                    | ation Num  | ber, if PA               |  |            |  |
|  |  |                             | _                           |  |                          |  |            |  |
| Street Address                           | Employer/Occupation/Labor Organization*  |                             |                             |  |                          | Form (Cash, Check, etc.)   |            |  |
| 84.44.44.44.44.44.44.44.44.44.44.44.44.4 |  |                             |                             |  |                          | *  |            |  |
| City                                     | State  | Zip Code                    | M                           | D  | Y                        | Amount   | ,          |  |
| •  |  |                             |                             |  |                          |  |            |  |
|  |  |                             |                             | <u> </u>   | 1                        | <u></u>  |            |  |

| Page To | otal \$ | 1,470.00 |
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<sup>\*</sup> 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)]