

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 William Clark			Registration Number, if PAC	
Street Address 600 S. High St., Ste. 202	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Nicholas Everhart			Registration Number, if PAC	
Street Address 17 W. 3rd Ave, #221	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43201	Form(Cash, Check, etc) Check	
Full Name of Contributor Theresa Bowers			Registration Number, if PAC	
Street Address 2043 N. Edgemont Road	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Timothy Miller			Registration Number, if PAC	
Street Address 2289 Onandaga Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Mary Pitman			Registration Number, if PAC	
Street Address 2582 Henthorn Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Kimberly Niles			Registration Number, if PAC	
Street Address 2611 Clarion Ct	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43220	Form(Cash, Check, etc) Check	
Full Name of Contributor Betsy Moore			Registration Number, if PAC	
Street Address 1920 Chatfield Road	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 25.00
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

2,250.00

Total expenditures this event

347.53Page Total \$ 525.00