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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Name of Committee in Full Committee for Wade Steen							
Full Name of Contributor			Registra	tion Num	her if DA	C	
T. B. Sherrill III			Registia	ilion Ivuin	uci, ii i A		
1. D. SHEITHI III Street Address	Employer/Occup	ation/Labor Organization*	L			Form (Cash, Che	ck. etc.)
	Employen Geeup	unon Euror Organization				Check	on, o.c.,
5215 Hampton Lane	State	Zip Code	M	T D	Y	Amount	
Columbus	OH	43220	1 0		0 9	,	50.00
Full Name of Contributor		104.4.0		tion Num	CONTRACTOR OF THE PARTY OF THE	L C	00.00
David Smathers					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
3298 Kirkham Road	' ' '	C				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	1 0	2 3	0 9		100.00
Full Name of Contributor	1 -		SHOULD DE SERVICE DE S	ation Num	AND SANCOUNCES SERVICES	C	
D.M. Schafer							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
3404 Sunningdale Way						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	1 0	2 3	0 9		50.00
Full Name of Contributor			Registra	ation Nun	ber, if PA	rC	
Paul Santilli							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
1289 Fountaine Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43221	1 0	ondrawa na majera na majera	eficence contraction and a		35.00
Full Name of Contributor Registration Number, if PAC							
Robert Maynard							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2661 Haverford Road			·		·	Check	
City	State	Zip Code	M	D	Y	Amount	F0.00
Columbus	O H	43220	1 0				50.00
Full Name of Contributor Registration Number, if PAC							
Marianne Williams							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
4425 Clearbrook Ct.	St. d.	17'. 0.1.	T 1/	1 5	1 7	Check	hillional market beautiful
Columnia	State O H	Zip Code 43220	M	D	Y	Amount	100.00
Columbus Full Name of Contributor	10111	43220	Pagistr	2 3 ation Nun	bor if P		100.00
John Ross			Negisti.	ation ivuit	ioci, ii i r	10	
Street Address	Employer/Occur	pation/Labor Organization*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	October 1999 in the Control	Form (Cash, Che	ank ato)
3860 Ritamarie Drive	Employer/Occup	Janon/Labor Organization				Check	
City	State	Zip Code	M	D	ΙΥ	Amount	*************************
Upper Arlington	OH	43220	1 0	1 .			50.00
Full Name of Contributor Registration Number, if PAC						50.00	
Renee Merullo					,		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1585 Pemberton Drive				Check			
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	1 0	1 .	1 .	ii .	100.00
				1210	1212	1	4.00,00

Page Total \$	535.00

^{*} 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)]