

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 Theodore Hobson II			Registration Number, if PAC	
Street Address 4520 Tetford Road	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 25.00
City Upper Arlington	State O H	Zip Code 43220	Form(Cash, Check, etc) Check	
Full Name of Contributor M. Jameson Crane			Registration Number, if PAC	
Street Address 2289 Onandaga Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor James DeRoberts			Registration Number, if PAC	
Street Address 4614 Lanercost Way	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash, Check, etc) Check	
Full Name of Contributor Nathan Dappen			Registration Number, if PAC	
Street Address 2354 Dorset Road	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Robin Comfort			Registration Number, if PAC	
Street Address 2275 Onandaga Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221	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 7 1 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Lisa Igel			Registration Number, if PAC	
Street Address 4010 New Hall Road	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43220	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

5,550.00**(Pgs. 1-8)**

Total expenditures this event

1,127.18Page Total \$ **675.00**