Event Date	7/10000
LVCIII Date	7/19009
Page	<u></u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	rieschbed by Sec	retary of State 3/03	COCH CHARLES AND AND ADDRESS OF THE COLUMN TWO		orientamentistandis			
Name of Committee in Full								
Committee for Wade Steen				www.gonyenymyyaans.us	an and a state of the state of			
Full Name of Contributor				Registration Number, if PAC				
Theodore Hobson II			D					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount		
4520 Tetford Road		0 7	1 0	0 9		25.00		
City	State	Zip Code	1	sh,Check				
Upper Arlington Full Name of Contributor	OH	43220	(Check				
Full Name of Contributor			Registrat	ion Numl	ber, if PA	.C		
M. Jameson Crane								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
2289 Onandaga Drive				1 0			200.00	
City	State	State Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43221	(<u> Checl</u>	ς			
Full Name of Contributor			Registrat	ion Numl	ber, if PA	.C		
James DeRoberts							:	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
4614 Lanercost Way			0 7	1 0	0 9		100.00	
City	State	Zip Code		sh,Check				
Columbus	$O \mid H$	43220	(Checl	<	100		
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C		
Nathan Dappen								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount		
2354 Dorset Road			0 7	1 0	0 9		100.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
Columbus	$O \mid H$	43221	(Checl	<u>.</u>			
Full Name of Contributor	and the second s		Registrat	ion Num	ber, if PA	С		
Robin Comfort								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
2275 Onandaga Drive			0 7	1 0	0 9		100.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
Columbus	$I \cap I H$	43221		Checl	ζ .			
Full Name of Contributor			Registra	ion Num	ber, if PA	.C		
Theresa Bowers								
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
2043 N. Edgemont Road			0 7	1 0	0 9		100.00	
City	State	Zip Code		sh,Check				
Columbus	$ \cap H$	43212	(Checl	k			
Full Name of Contributor				tion Num	V20040000000000000000000000000000000000	\C		
Lisa Igel								
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
4010 New Hall Road				1 0	0 9		50.00	
City	State	State Zip Code		Form(Cash,Check,etc)				
Columbus	$O \mid H$	43220		Checl				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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 No. 31-E" and list the date of the event in the date column.

Total contributions this e	vent		
5,550.	60	(Aes.	1-8)

Total expenditures this event

^{*} 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)]