

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 Sharon Denehy			Registration Number, if PAC	
Street Address 2268 Abington Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Margaret Williams			Registration Number, if PAC	
Street Address 2314 Club Road	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43221	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 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Molly Holland			Registration Number, if PAC	
Street Address 2358 Brixton Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Cindy Klamar			Registration Number, if PAC	
Street Address 2742 Redding Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Susanne Grumman			Registration Number, if PAC	
Street Address 2309 Dorset Road	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 Doug Cole			Registration Number, if PAC	
Street Address 2545 Abington 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) Cash	

* 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 \$ 450.00