

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 Betsy Moore				Registration Number, if PAC			
Street Address 1920 Chatfield Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Eric Shisler				Registration Number, if PAC			
Street Address 2252 Brixton Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor James Underwood				Registration Number, if PAC			
Street Address 3459 Redding Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	25.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory Guy				Registration Number, if PAC			
Street Address 2165 S. Parkway Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Martha Swanson				Registration Number, if PAC			
Street Address 2550 Henthorn Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Franklin Kass				Registration Number, if PAC			
Street Address 150 E. Broad Street, Ste. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Catherine Wheaton				Registration Number, if PAC			
Street Address 4544 Benderton Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2009	100.00
City Upper Arlington	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

Total expenditures this event

Page Total \$ 625.00