Dogg	3	
rage		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee for Wade Steen							
Full Name of Contributor			Registra	tion Num	ber, if PA	·C	
Diane Flannery			regiona				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ock etc.)
2761 Northwest Blvd	Employen Geed	pation, Eason Organization				Check	70K, Cit.)
City City	State	Zip Code	<u> М</u>	D	ΙΥ	Amount	
Columbus	OH		$\begin{vmatrix} \mathbf{n} \\ 1 \end{vmatrix} 0$			Amount	25.00
Full Name of Contributor		TUZZI		CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	ber, if PA		20.00
Mark Taggart			IXC gistia	tion ivan	ioci, ii i A		
Street Address	Employer/Occo	pation/Labor Organization*				Form (Cash, Che	ank ata)
2089 Guilford Road	Employer/Occi	pation/Labor Organization				Check	cck, etc.)
City	State	Zip Code	М	D	Y	Amount	NOUN V244413 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	O H	1 -	1		l	Amount	E0.00
Columbus Full Name of Contributor		1 43221	1 1	0 9			50.00
			Registra	tion Nun	ber, if PA	ic.	
F. Timothy Mikac Street Address	Tr. 1					F (0.1.01	
	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2243 Brixton Road				1	T	Check	
City	State	Zip Code	M	D	Y	Amount	400.00
Upper Arlington	O H	43221	1 1	0 9			100.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .	
Daniel Conway							
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1740 Tremont Road				γ	·	Check	
City	State	Zip Code	М	D	Y	Amount	40000
Columbus	O H	43212	1 1	1 7			100.00
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC	
Jodi Dennis	-						
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3010 Oakridge Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43221	1 0	demonstration com			100.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC	
Norman Burns							
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Ch	eck, etc.)
751 S. Lazelle Street						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43206	1 0	2 3	0 9		100.00
Full Name of Contributor					nber, if PA		
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
economics						1	
City	State	Zip Code	М	D	Y	Amount	
	90.000		1				
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Street Address	Employer/Occi	apation/Labor Organization*				Form (Cash, Ch	eck, etc.)
		-					,
City	State	Zip Code	М	D	Y	Amount	
	* La Account		11				
equired for contributions from individuals over \$100 to statewide				<u></u>	1	1	

Page Total \$	475.00

^{*} 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)]