Event Date	7/19/09
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05						
Name of Committee in Full								
Committee for Wade Steen					****			
Full Name of Contributor				Registration Number, if PAC				
Catherine Zimmerman					,			
Street Address	Employer/Occupa	ation/Labor Organization*	М	D,	1 8	Amount		
1827 Stanford Road			0 7				50.00	
City	State	Zip Code	Form(Ca					
Columbus	lolH	43212		Chec.				
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Greg Barwell					1	r:		
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	1 1	Amount	400.00	
41 S. High Street, Ste. 1275		Ta:	0 7				100.00	
City	State	Zip Code	Form(Ca					
Columbus	0 H	43215	ļ	Cash Registration Number, if PAC				
Full Name of Contributor			Registra	uon Num	ider, ii PA	C		
Kelly Cantwell	F	ti/I ab O-coni-stion*	- N	T)	Tv	Amount	· · · · · · · · · · · · · · · · · · ·	
Street Address	Employer/Occupa	ation/Labor Organization*	M	D 2 4	Y	Amount	50.00	
2734 Camden Road	Ctata	Zip Code	0 7 Form(Ca				30.00	
City	State H	43221		Chec.				
Columbus Full Name of Contributor		1 40441			iber, if PA	<u>r</u>		
			Regisua	non rum	ioci, ii i i i	C		
Kathleen Binau Street Address	Employer/Occup:	ation/Labor Organization*	M	D	ΙΥ	Amount		
	Employer/Occup	Employer/Occupation/Labor Organization		Į.	0 9	1 11100111	100.00	
2654 Charing Road	State	Zip Code	Form(Ca	sh Chec	k.etc)		100.00	
Upper Arlington	ОН	43221		Chec				
Full Name of Contributor			The second secon	NATIONAL PROPERTY AND ADDRESS OF THE PARTY AND	ber, if PA	.C		
Erick Piscopo								
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
2741 Tremont Road			0 7	2 4	0 9		100.00	
City	State	Zip Code		sh,Chec				
Upper Arlington	\cap H	43221		Chec	k			
Full Name of Contributor		Registration Number, if PAC						
Karl Klamar								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
2742 Redding Road					0 9		100.00	
City	State	Zip Code	1	ash,Chec				
Columbus	OH	43221		Chec				
Full Name of Contributor			Registra	tion Nun	iber, if PA	.C		
William Gabel					·			
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	400.00	
2140 N. Parkway Drive			0 7	2 4			100.00	
City	State	Zip Code	1	ash,Chec				
Upper Arlington	- 10 H	43221		Chec	K			
equired for contributions from individuals over \$100 to statewid ividual's business, if any, rather than employer should be listed. I anization of which the employees are members, if any, must app	f two or more employees cor							

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 \$	600.00
	leading the second seco		

^{*} R ind