31-E R.C. 3517.10(B)

Event Date	7/19/09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
Committee for Wade Steen				
Full Name of Contributor			Registration Number, if PAC	
James Hartley	<u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amou	
2975 Brandon Road		Ta: 0 1	0 7 2 0 0 9	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus Full Name of Contributor		43221	Check Registration Number, if PAC	
			Registration Number, if PAC	
James Lynch Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amor	ont
	Employer/Occup	atton/Labor Organization	0 7 2 0 0 9	100.00
4265 Oxford Drive	State	Zip Code	Form(Cash,Check,etc)	100.00
·	O H	43220	Check	
Columbus Full Name of Contributor	1 () 11	10220	Registration Number, if PAC	
			Registration Number, it I AC	
Patricia Laudick Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amor	unt
	Employer/Occup	ation Labor Organization	0 7 2 0 0 9	100.00
2236 Abington Road City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	OH	43221	Check	
Full Name of Contributor	() 11	1 10241	Registration Number, if PAC	
Mary Stephensen			registration (various, ix 1710	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amor	unt
2234 Abington Road	Employer/Occupation/Dabor Organization		0 7 2 0 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Upper Arlington	I O H	43221	Check	
Full Name of Contributor			Registration Number, if PAC	
Rebecca Wagner				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amor	unt
2980 Welsford Road			0 7 2 0 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Upper Arlington	$O \mid H$	43221	Check	
Full Name of Contributor				
Christine Finley			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amor	unt
8704 Easton Drive			0 7 2 0 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Pickerington	$O \mid H$	43147	Check	
Full Name of Contributor			Registration Number, if PAC	
Heather LeBoeuf				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amo	unt
1960 Spruce Drive			0 7 2 0 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Glenview	l T L	60025	Check	
equired for contributions from individuals over \$100 to statewid				
vidual's business, if any, rather than employer should be listed. I	f two or more employees con	ntribute via payroll deduction a	and exceed the aggregate of \$100, the	labor
anization of which the employees are members, if any, must app	ear. [R.C. 3517.10(B)(4)]			
anization of which the employees are members, if any, must app	ear. [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 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

^{*} R