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			Registration Number, if PAC					
Kristi Ghidotti								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1944 W. Chelsea Road			1 0	1 6	0 9		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43212	Check				

Full Name of Contributor			Registration Number, if PAC					
Stephen Roeder								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3065 Bembridge Road			1 0	1 6	0 9		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Upper Arlington	O H	43221	Check				

Full Name of Contributor			Registration Number, if PAC					
Sarah Oberlin								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2145 Waltham Road			1 0	1 6	0 9		30.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43221	Check				

Full Name of Contributor			Registration Number, if PAC					
Herb Gillen								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2224 Dorset Road			1 0	1 6	0 9		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43221	Check				

Full Name of Contributor			Registration Number, if PAC					
Tad Wilcox								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3698 Pevensey Drive			1 0	1 6	0 9		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43220	Cash				

Full Name of Contributor			Registration Number, if PAC					
Jeff Teach								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1508 Ashdowne			1 0	1 6	0 9		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43221	Cash				

Full Name of Contributor			Registration Number, if PAC					
David Holstein								

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1300 Fountaine Drive			1 0	1 6	0 9		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43221	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	Total expenditures this event	Page Total $ 230.00