

Event Date 6/20/10Page 4

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 Catherine Wheaton				Registration Number, if PAC	
Street Address 4544 Benderton Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Martha Swanson				Registration Number, if PAC	
Street Address 2550 Henthorn Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Norman Burns, DDS				Registration Number, if PAC	
Street Address 751 S. Lazelle Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Rebecca Wagner				Registration Number, if PAC	
Street Address 2980 Welsford Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor F. Timothy Mikac				Registration Number, if PAC	
Street Address 2243 Brixton Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Laura Groza				Registration Number, if PAC	
Street Address 2685 Henthorne Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Thomas Cotter				Registration Number, if PAC	
Street Address 1821 N. Devon Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2010
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00

* 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)]

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

2,250.00

Total expenditures this event

347.53Page Total \$ 350.00