Page 1	
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Statement of Loans Received

				Pı	rescribed b	y Secret	ary of Sta	te3/05								
Full Name of Committee																
Committee for Wade S	steen					e commonwealth (No.				energen and a			majorani comerci			
From Whom Received									Prior	: Am			Amt.	Incurred this Period		
Wade Steen									2,500.00							
Address													Outst	anding Balance		
2500 Sherwin Road														0.00		
City		Zip Cod		Lo	ans Recei	ved This	Period					Payn	nents T	his Period		
Columbus	OH	4322	1	Date Amount					Date					Amount		
Date Loan was originally	М	D	Y	М	D	Y	\$		М		D	Y	\$			
Incurred	0 6	2 4	0 5						1	1	2 0	0 0 9	1	2500.0		
Registration Number, if PAC		<u> </u>		М	D	Y			М		D	Y	1			
									200							
Employer/Occupation/Labor Organization*			***************************************	М	D	Y			М		D	Y	1			
												1 1				
From Whom Received				<u> </u>		J			Prio	r An	ount		Amt.	Incurred this Period		
From Whom Received Prior Amount Wade Steen									00.00	1						
Address								CALLESCA DE LA COLONIA DE LA C	-		٥٫٠	,00.00		tanding Balance		
2500 Sherwin Road													Cuis	500.00		
City	Ctata	Zip Cod		ı					_				<u> </u>			
g ·				Lo	ans Recei	ved This	Period				75.		nents I	his Period		
Columbus		4322			Date	1		Amount			Da			Amount		
Date Loan was originally	M	D	Y	М	D	Y	2		М	į.	D	Y	, D	" "		
Incurred	0 7	3 0	0 9			 	_		1	1	2 0		4	5500.0		
Registration Number, if PAC			М	D	Y	200		М		D	Y					
Employer/Occupation/Labor Organization*				M	D	Y			М		D	Y	200			
From Whom Received			****************	,,, <u></u>					Prio	r An	ount		Amt	Incurred this Period		
Address		NEUR HOLDEN HOLDEN			**************************************	-		ce série un accordinación a servicio antico					Outs	tanding Balance		
SECONDARY SECOND																
City	State	Zip Cod	le	T L	ans Recei	ved Thi	Period		7			Pavi	ments "	This Period		
	1				Date	, cu 1	, 1 01100	Amount			Da		inchits .	Amount		
Date Loan was originally	M	D	ΤΥ	М	l D	Y	Ts .	***************************************	М	T	D	Y	15			
Incurred							ľ		1				ľ			
Registration Number, if PAC				M	D	Y			M	-	D	H _Y				
Registration Number, if FAC				101		1			17/1			1 1				
				1.6		╀╬						Y	-			
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y	000			
													<u></u>			
* Required for contributions over \$100 to st		-														
16 A Alexander Description of the Market	3 Y.C				11 J	- 3 4		- 3 41	CIAA A	1 7.	1	:	£ 1			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	8,500.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	8,000.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	500.00 (To Form No. 30-A)

if any, rather than employer should be listed. If two ormore employees donate 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)