Event Date	7/19/09				
Page	8				

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

		coretary or state 3/05	/	representation and the second			
Name of Committee in Full  Committee for Wade Steen							
Full Name of Contributor			Registra	tion Nun	nber, if P	A.C.	
Jana Tice			Registra	iiioii ivuii	noci, ii i i	10	
Street Address	Employer/Occu	pation/Labor Organization*	M	l D	ΤΥ	Amount	
2570 Abington Road	Employen	Employer/Occupation/Labor Organization			0 9	B	100.00
City Admigrant Road	State	Zip Code		ash,Chec			100.00
Upper Arlington		1		Chec			
Full Name of Contributor	<u>  0                             </u>	1 10441			nber, if P		
Brent Chapa			Rogishi	idoli Ivuli	11001, 11 1 2	10	
Street Address	[Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
886 Thomas Lane	Employen	Employer/Occupation Eurosi Organization			1	1	25.00
City	State	Zip Code	Form(C	25 ash,Chec	k etc)		20.00
Columbus	l O H	3	1 '	Chec			
Full Name of Contributor	10 11	1 40440			nber, if P	<u> </u>	
			Registra	mon nun	iibei, ii F	40	
Robert Sauter Street Address	Employar/Occu	notion/Lohor Organization*	M	D	Ϋ́	Amount	
	Employer/Occu	Employer/Occupation/Labor Organization*			1	ä	100.00
1135 Regency Drive	State	Tin Code		25 ash,Chec			100.00
City	į.	Zip Code					
Columbus Full Name of Contributor	<u>lo</u> H	43220		Chec			
			Registra	ition Nun	nber, if P	4.C	
Eric Richter	lr 1 0			1 5	1 77		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	200.00
314 W. Fifth Avenue			017	2 5	0 9		200.00
City	State	Zip Code		ash,Chec			
Columbus	<u> </u>	43201	พระพรรณที่สะเพราะเกราะพาการสราบานพ	Chec	DAMIORAGE TO SMICHING WAR		
Full Name of Contributor			Registra	ition Nun	nber, if P.	AC	
Jane Jones	777 1 10			T	1	1.	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	=0.00
1988 Edgemont Road N		Jar o i	017	3 0	0 9		50.00
City	State	Zip Code	1	ash,Chec			
Columbus	<u> </u>	43212		Chec			
Full Name of Contributor			Kegistra	ition Nun	nber, if P	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount	
54001744455	[	punon sucon organismon	M	D			
City	State	Zip Code	Form(C	ash,Chec	k.etc)		
		1			,,		
Full Name of Contributor			Registra	tion Nun	nber, if P.	AC	
					,		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
Divert Addition	Zimproj dir dada	pation 24001 Organization					
City	State	Zip Code	Form(C	ash,Chec	k etc)		
O.I.		Dip Code	1 01(0	a, ce	,0.0)		
				taring the state of			
equired for contributions from individuals over \$100 to statew				-			
vidual's business, if any, rather than employer should be listed		ontribute via payroll deduction a	nd exceed th	ne aggreg	ate of \$1	00, the labor	
nization of which the employees are members, if any, must a	opear. [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 Cont	ributor state "Contributions from	n form No. 3	1-E" and	l list the d	ate of the even	t
in the date column.							
Total contributions this event	Total expenditures t	his event					
					Pa	ge Total \$	475.00
1	l l	1			1		