

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for David DeCapua									
Full Name of Contributor						Registration Number, if PAC			
Michael Martz									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2251 Abington Road						0	8	2	50.00
City			State		Zip Code	Form(Cash,Check,etc)			
Columbus			OH		43221	check			
Full Name of Contributor						Registration Number, if PAC			
Norman Bertke									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2310 Oxford Road						0	8	2	50.00
City			State		Zip Code	Form(Cash,Check,etc)			
Columbus			OH		43221	check			
Full Name of Contributor						Registration Number, if PAC			
Edward Ferris									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
1959 Collingswood Road						0	8	2	250.00
City			State		Zip Code	Form(Cash,Check,etc)			
Upper Arlington			OH		43221	check			
Full Name of Contributor						Registration Number, if PAC			
Matthew Ferris									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2036 Berkshire Road						0	8	2	250.00
City			State		Zip Code	Form(Cash,Check,etc)			
Columbus			OH		43221	check			
Full Name of Contributor						Registration Number, if PAC			
Caroline Diwik									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
546 City Park Avenue						0	8	2	100.00
City			State		Zip Code	Form(Cash,Check,etc)			
Columbus			OH		43215	check			
Full Name of Contributor						Registration Number, if PAC			
Christopher Campisi									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2474 Billiton Court						0	8	2	150.00
City			State		Zip Code	Form(Cash,Check,etc)			
Columbus			OH		43220	check			
Full Name of Contributor						Registration Number, if PAC			
Donald Kenney Jr.									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
4682 Village Club Drive						0	8	2	100.00
City			State		Zip Code	Form(Cash,Check,etc)			
Powell			OH		43065	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 \$ 950.00