

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for David DeCapua</b>										
Full Name of Contributor <b>Contributions from 31-E</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	7	1	6,500.00
Full Name of Contributor <b>Norman Essey</b>						Registration Number, if PAC				
Street Address <b>483 Sea Walk Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Sanibel</b>			State <b>F   L</b>		Zip Code <b>33957</b>		M	D	Y	Amount
							0	8	0	50.00
Full Name of Contributor <b>Charlotte Collister</b>						Registration Number, if PAC				
Street Address <b>2085 Elgin Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43221</b>		M	D	Y	Amount
							0	8	0	25.00
Full Name of Contributor <b>Fred Hadley</b>						Registration Number, if PAC				
Street Address <b>2698 Berwyn Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43221</b>		M	D	Y	Amount
							0	8	0	100.00
Full Name of Contributor <b>William Gabel</b>						Registration Number, if PAC				
Street Address <b>2140 N Parkway DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43221</b>		M	D	Y	Amount
							0	8	0	250.00
Full Name of Contributor <b>David McCurdy</b>						Registration Number, if PAC				
Street Address <b>2400 Tremont Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43221</b>		M	D	Y	Amount
							0	8	0	250.00
Full Name of Contributor <b>Elisa McCurdy</b>						Registration Number, if PAC				
Street Address <b>2400 Tremont Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43221</b>		M	D	Y	Amount
							0	8	0	250.00
Full Name of Contributor <b>David Raber</b>						Registration Number, if PAC				
Street Address <b>37 W Broad St</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43215</b>		M	D	Y	Amount
							0	8	0	100.00

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)]

Page Total \$ 7,525.00