

Statement of Contributions Received

Prescribed by Secretary of State 3/03

Name of Committee in Full Citizens for David DeCapua						
Full Name of Contributor Michael Kenney				Registration Number, if PAC		
Street Address 250 Daniel Burnham Sq		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Jaymie Kenney				Registration Number, if PAC		
Street Address 250 Daniel Burnham Sq		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Nicholas King				Registration Number, if PAC		
Street Address 2730 Abington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Jennifer King				Registration Number, if PAC		
Street Address 2730 Abington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Andrew Bainbridge				Registration Number, if PAC		
Street Address 2628 Dorset Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Kathleen Bainbridge				Registration Number, if PAC		
Street Address 2628 Dorset Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Cameron Mitchell				Registration Number, if PAC		
Street Address 2000 Tremont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43212	M 0 8	D 0 3	Y 1 3	Amount 250.00
Full Name of Contributor Brenda Schafer				Registration Number, if PAC		
Street Address 203D Edinburgh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cary	State N C	Zip Code 27511	M 0 8	D 0 3	Y 1 3	Amount 200.00

* 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 \$ 1,950.00