31-E
R.C. 3517.10(B)

Event Date 7/23/09
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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				
Joseph Hayek					
Street Address: 1724 Roxbury Road	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 200.00
City: Columbus	State: OH	Zip Code: 43212	Form(Cash,Check,etc): check		
Full Name of Contributor: Christine Menke	Registration Number, if PAC				
Street Address: 2170 Yorkshire Road	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 100.00
City: Columbus	State: OH	Zip Code: 43221	Form(Cash,Check,etc): check		
Full Name of Contributor: Julie Gruss	Registration Number, if PAC				
Street Address: 2516 Tremont Road	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 100.00
City: Upper Arlington	State: OH	Zip Code: 43221	Form(Cash,Check,etc): check		
Full Name of Contributor: Mark Shutt	Registration Number, if PAC				
Street Address: 2225 Edgevale Road	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 50.00
City: Columbus	State: OH	Zip Code: 43221	Form(Cash,Check,etc): check		
Full Name of Contributor: David Kenimer	Registration Number, if PAC				
Street Address: 10577 Morse Road	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 50.00
City: Pataskala	State: OH	Zip Code: 43062	Form(Cash,Check,etc): check		
Full Name of Contributor: Kelly Stoeckinger	Registration Number, if PAC				
Street Address: 2320 Kensington Drive	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 100.00
City: Columbus	State: OH	Zip Code: 43221	Form(Cash,Check,etc): check		
Full Name of Contributor: Joel Lilly	Registration Number, if PAC				
Street Address: 2343 Kensington Drive	Employer/Occupation/Labor Organization*	M: 07	D: 28	Y: 09	Amount: 100.00
City: Columbus	State: OH	Zip Code: 43221	Form(Cash,Check,etc): check		

* 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 $ 700.00