

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 Thomas Tevonian			Registration Number, if PAC	
Street Address 2176 N. Parkway Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) check	
Full Name of Contributor Jack Tzagournis			Registration Number, if PAC	
Street Address 2475 Lane Woods Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) check	
Full Name of Contributor Harley Rouda			Registration Number, if PAC	
Street Address 2285 Yorkshire Road	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) check	
Full Name of Contributor George Tzagournis			Registration Number, if PAC	
Street Address 385 W. County Line Road	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 100.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) check	
Full Name of Contributor Richard DiPaolo			Registration Number, if PAC	
Street Address 2320 Canterbury Road	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) check	
Full Name of Contributor Matthew Berry			Registration Number, if PAC	
Street Address 3901 Tarrington Lane	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) check	
Full Name of Contributor Julie Berry			Registration Number, if PAC	
Street Address 3901 Tarrington Lane	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43220	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 \$ 950.00