

## 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 John Elwood				Registration Number, if PAC	
Street Address 4315 N. Riverside Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   0   0   9	Amount 100.00
City Columbus	State I   N	Zip Code 47203		Form(Cash,Check,etc) check	
Full Name of Contributor Sherri Diehl				Registration Number, if PAC	
Street Address 1594 Cardiff Road		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   0   0   9	Amount 100.00
City Columbus	State O   H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Pat Barker				Registration Number, if PAC	
Street Address 1698 Berkshire Road		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   0   0   9	Amount 100.00
City Columbus	State O   H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor C. J. Seibert				Registration Number, if PAC	
Street Address 2400 Donna Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 100.00
City Upper Arlington	State O   H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Christine Freytag				Registration Number, if PAC	
Street Address 2139 Cheshire 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 Jody Cochran				Registration Number, if PAC	
Street Address 761 Overlook Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 100.00
City Columbus	State O   H	Zip Code 43214		Form(Cash,Check,etc) check	
Full Name of Contributor W. Mark Jump				Registration Number, if PAC	
Street Address 2130 Arlington Avenue		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	

\* 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