31-E
R.C. 3517.10(B)

Event Date 7/18/13
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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	Employer/Occupation/Labor Organization*		Registration Number, if PAC			
Sabrina Walters						
Street Address			M	D	Y	Amount
2651 Bridgeview Rd			07	18	13	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	check			
Full Name of Contributor			Registration Number, if PAC			
Tom Robertson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1840 Baldridge Rd			07	18	13	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	check			
Full Name of Contributor			Registration Number, if PAC			
Kathy Robertson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1840 Baldridge Rd			07	18	13	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	check			
Full Name of Contributor			Registration Number, if PAC			
Mark Pottschmidt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2048 Wickford Rd			07	18	13	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	check			
Full Name of Contributor			Registration Number, if PAC			
Jon Hellstedt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1775 Arlington Ave			07	18	13	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43212	check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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
6,500.00

Total expenditures this event
2,579.26

Page Total $ 1,075.00