

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 T. A. Ward				Registration Number, if PAC			
Street Address 1693 Cardiff Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) check		
Full Name of Contributor Deborah Huddleston				Registration Number, if PAC			
Street Address 2710 Crafton Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) check		
Full Name of Contributor Douglas Mayr				Registration Number, if PAC			
Street Address 6607 Ballantrae Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	250.00
City Dublin		State O	H	Zip Code 43016	Form(Cash,Check,etc) check		
Full Name of Contributor William Kiefaber				Registration Number, if PAC			
Street Address 352 Windemere Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Westerville		State O	H	Zip Code 43082	Form(Cash,Check,etc) check		
Full Name of Contributor C. J. Siebert				Registration Number, if PAC			
Street Address 2400 Donna Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Upper Arlington		State O	H	Zip Code 43220	Form(Cash,Check,etc) check		
Full Name of Contributor David Goettler				Registration Number, if PAC			
Street Address 1597 York Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Upper Arlington		State O	H	Zip Code 43221	Form(Cash,Check,etc) check		
Full Name of Contributor Norman Essey				Registration Number, if PAC			
Street Address 2760 Leeds Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
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 \$ 650.00