31-E R.C. 3517.10(B)

Event Date	8/29/09	
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Citizens for David DeCapua								
'ull Name of Contributor					Registration Number, if PAC			
John Royer	Employer Quarter	tion / abor Organization*	M D	Y	Amount			
treet Address 1480 Dublin Road	Empioyer/Occupat	Employer/Occupation/Labor Organization*		2 0 9	B .	250.00		
City	State	State Zip Code		eck,etc)				
Columbus	$O \mid H \mid$	43215	che	ck				
ull Name of Contributor			Registration N	ımber, if P	AC			
Clayton Lanctot			M D	ΙΥ	-	anna anna anna anna anna anna anna ann		
street Address	Employer/Occupat	Employer/Occupation/Labor Organization*			Amount	25.00		
814 - 105th Ave, N	Ct-nt-n	State Zip Code		2 0   9 eck,etc)				
Naples	F   E	34108	che					
Full Name of Contributor	F	0.2200	Registration N		AC			
			M D					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y	Amount			
City	State	Zip Code	Form(Cash,Ch	eck,etc)				
full Name of Contributor			Registration N	umber, if P	AC			
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y	Amount			
City	State	Zip Code	Form(Cash,Ch	eck,etc)				
			Registration N	umber if P	AC			
Full Name of Contributor			Registration 19	umoer, n r	AC			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y	Amount			
City	State	Zip Code	Form(Cash,Cl	eck,etc)	100			
Full Name of Contributor			Registration N	umber, if P	AC			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y	Amount			
				and the second				
City	State	Zip Code	Form(Cash,Cl	eck,etc)				
Full Name of Contributor				Registration Number, if PAC				
Full Name of Contributor								
Full Name of Contributor Street Address	Employer/Occupa	ntion/Labor Organization*	M D	Y	Amount			
	Employer/Occupa	ntion/Labor Organization*			Amount			
	Employer/Occupa State	ation/Labor Organization*	M D Form(Cash,Cl		Amount			