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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for David DeCapua									
Full Name of Contributor		Registration Number, if PAC							
Paul Berg	Employer/Occur	ation/Labor Organization*	<u></u>			Form (Cash, Chec	k. etc.)		
Street Address	ranproyer/Occup				online				
1860 Cambridge Boulevard	**************************************	Zin Codo	М	D	Y	Amount			
City	State	Zip Code				n moun	50.00		
Columbus	0 H	43221	1 0	3 1	0 9	C	JU.UU		
·	Full Name of Contributor Registration Number, if PAC								
Bob Derick									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2181 Waltham Road				T		online			
City	State	Zip Code	M	D	Y	Amount	ma aa		
Columbus	$O \mid H$	43221	1 0		0 9		50.00		
Full Name of Contributor			Registra	ition Nun	iber, if PA	AC .			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Chec	k, etc.)		
	G. S.								
City	State	Zip Code	М	D	Y	Amount			
-		Constitution of the Consti							
Full Name of Contributor	<u> </u>		Registra	tion Nun	ber, if PA	AC .			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
31.000		~				50000000			
City	State	Zip Code	M	D	Y	Amount			
∟ny		r	nondo-						
Evil Name of Contributor			Registra	ation Nun	ber, if P	AC			
Full Name of Contributor Registration Number, if PAC									
Cura 6 A June 2	Employer/Occupation/Labor Organization* Form (Cash, Che					Form (Cash, Chec	ck, etc.)		
Street Address	Employer/Occupation/Labor Organization					Janes (Sausi, Shee	/		
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Clasta	7 in Code	M	T D	Y	Amount	***************************************		
City	State	Zip Code	17/1	7	n disawana	a moont			
			D	ation No.	abor : CD	1			
Full Name of Contributor Registration Number, if PA									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	uk, etc.)		
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor				ation Nur	nber, if Pa	4C			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount			
*						Homosophia			
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
BUCCH MAGICSS						,,			
	State	Zip Code	M	D	Y	Amount	NATES NAME OF TAXABLE PARTY.		
City	State				NOO-Seedings.				
	1					I.			

* 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)]

Page Total \$ 100.00