

Event Date	<u>7/23/09</u>
Page	<u>4</u>

## 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 Tracey Yakubov				Registration Number, if PAC	
Street Address 2234 Onandaga Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 200.00
City Columbus	State O   H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Patricia Lilly				Registration Number, if PAC	
Street Address 2641 Alliston Court		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 100.00
City Columbus	State O   H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor John Zambito				Registration Number, if PAC	
Street Address 2705 Abington 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 David Hartsook				Registration Number, if PAC	
Street Address 3695 Rushmore Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 50.00
City Columbus	State O   H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Michael Gross				Registration Number, if PAC	
Street Address 7734 Sutton Place		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 100.00
City New Albany	State O   H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Timothy McCabe				Registration Number, if PAC	
Street Address 4337 Woodbridge Road		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   8   0   9	Amount 250.00
City Columbus	State O   H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Clayton Lancot				Registration Number, if PAC	
Street Address 3974 Patricia 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	

\* 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 \$ 900.00