

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 Melora Meyer			Registration Number, if PAC	
Street Address 2252 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Julie Gruss			Registration Number, if PAC	
Street Address 2516 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Brett Gruss			Registration Number, if PAC	
Street Address 2516 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor William Luce			Registration Number, if PAC	
Street Address 5763 Chatterfield Drive	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Ruscilli			Registration Number, if PAC	
Street Address 2107 Ellington Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Katrina Ruscilli			Registration Number, if PAC	
Street Address 2107 Ellington Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Brenda DeCapua			Registration Number, if PAC	
Street Address 3175 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 3	Amount 250.00
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 \$ **1,600.00**