31-A
R.C. 3517.10

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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						
John Elwood							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4315 N Riverside Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	47203	08	26	13		50.00
Full Name of Contributor	**Registration Number, if PAC**						
John Leff							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1697 Berkshire Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		250.00
Full Name of Contributor	**Registration Number, if PAC**						
Bruce Rose							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2115 Ellington Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		250.00
Full Name of Contributor	**Registration Number, if PAC**						
Jennifer Rose							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2115 Ellington Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		250.00
Full Name of Contributor	**Registration Number, if PAC**						
Thomas Westfall							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1670 Doone Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		50.00
Full Name of Contributor	**Registration Number, if PAC**						
Tim Rankin							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2028 Coventry Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		250.00
Full Name of Contributor	**Registration Number, if PAC**						
Lauren Keeler							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1649 Essex Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	08	26	13		50.00
Full Name of Contributor	**Registration Number, if PAC**						
Geoff Blossom							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1937 Stanford Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43212	08	26	13		50.00

* 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 $ 1,200.00