

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 Ashley Jones				Registration Number, if PAC	
Street Address 2457 Kensington Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Rita Mizer				Registration Number, if PAC	
Street Address 4304 Braunton Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Adam Burton				Registration Number, if PAC	
Street Address 2529 Northwest Boulevard		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 25.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Dennis Blankemeyer				Registration Number, if PAC	
Street Address 2283 Picket Post Lane		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 100.00
City Upper Arlington	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Robert Houser				Registration Number, if PAC	
Street Address 1653 Berkshire Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	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 Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Christina Muldoon				Registration Number, if PAC	
Street Address 2367 Club Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 25.00
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 \$ 800.00