31-A
R.C. 3517.10

Page 3

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	
Mark Catalano								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1732 Essex Rd							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	08	03	13		100.00	
Full Name of Contributor							Registration Number, if PAC	
Katie Halley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2283 Tremont Rd							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	08	03	13		250.00	
Full Name of Contributor							Registration Number, if PAC	
Brad Halley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2283 Tremont Rd							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	08	03	13		250.00	
Full Name of Contributor							Registration Number, if PAC	
Committee for Jim Hughes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
52 E Gay St							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	08	03	13		150.00	
Full Name of Contributor							Registration Number, if PAC	
Scott Shaffer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1342 Carron Dr							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43220	08	03	13		100.00	
Full Name of Contributor							Registration Number, if PAC	
Brad DeHays								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2006 Cambridge Blvd							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	08	03	13		150.00	
Full Name of Contributor							Registration Number, if PAC	
Debra Larry								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4171 Randmore Ct							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43220	08	03	13		250.00	
Full Name of Contributor							Registration Number, if PAC	
Joe Mollman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10785 Charleston Dr							check	
City	State	Zip Code	M	D	Y		Amount	
Vero Beach	FL	32963	08	03	13		100.00	

* 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 $ 1,350.00