D	1	
Page		

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			
William Gabel							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
2140 N. Parkway Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	0 2	2 6	1 0	100.00	
Full Name of Contributor							
registration number, if P						C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		o Charles and Charles Charles and the contract of the contract	amigismanusmawama.	engara ana ana	nega andronomina and and and and and and and and and a		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	ber, if PA	C	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Silver radioss	Employer/occupation/Lator Organization					z om (cum, cheen, etc.)	
	<u> </u>	1a: 0.1	T 34	T 15	1 37	A .	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	ber, if PA	С	
Street Address	Employer/Occupa	ation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1				ì		
			Dit	NI	-L	<u> </u>	
Full Name of Contributor Registration Number, if PA						C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	ber, if PA	C	
Street Address	Employer/Occups	ation/Labor Organization*				Form (Cash, Check, etc.)	
Privot Paddioss	Linployen Occupe	MODELLA OF GENERALION				1 om (cush, chook, cic.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	iber, if PA	С	
Street Address	Employer/Occupa	ntion/Labor Organization*	- Cardina Carana			Form (Cash, Check, etc.)	
City	State	Zip Code	M	T D	ΙΥ	Amount	
Chy	State	Zip Code	17/1			Anoun	
				1			
Full Name of Contributor Registration Number, if PAC						С	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	ΙΥ	Amount	
, in the second							
	l	J			L		

* 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 \$ 100.00