

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 Wiles, Boyle, Burkholder, Bringardner Co., LPA				Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH		Y 1	Amount 100.00
		Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor					
Street Address				M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	

* 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

10,025.00

Total expenditures this event

3,234.96

Page Total \$ 100.00