31-E R.C. 3517.10(B)

Event Dat	e 7/23/09
Page	пристинент при

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full Citizens for David DeCapua				AND THE PROPERTY OF THE PROPER
CIGIZETED FOR DOLLAR TO COMPONE				
Name of Contributor		Registration Number, if PAC		
Chris Curry				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	× 00 00
6000 Venture Drive			0 8 1 7 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Dublin	lolH	43017	check	
Full Name of Contributor	Walter Control of the		Registration Number, if PAC	
Steve Anderson				v=1000000000000000000000000000000000000
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount	=0 00
3805 N. High Street			0 8 1 7 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus		43214	check	
Full Name of Contributor			Registration Number, if PAC	
Paula Gilmour				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	2 0 0 0 l
2675 Henthorn Road			0 8 1 7 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43221	check	
Full Name of Contributor			Registration Number, if PAC	
R. E. Schumacher				Management and the second seco
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	™ △ △
2649 Clarion Court			0 8 1 7 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Upper Arlington	$O \mid H$	43220	check	
Full Name of Contributor			Registration Number, if PAC	
Leah Wagenbrenner				Name and the second
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	100 0
1960 Chatfield Road			0 8 1 7 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus		43221	check	
Full Name of Contributor			Registration Number, if PAC	
Mark Wagenbrenner				>200-destonance-construction and the second and the
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	100.0
1289 Grandview Avenue			0 8 1 7 0 9	100.0
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus		43212	check	
Full Name of Contributor			Registration Number, if PAC	
Edwin Overmyer			To a second	KATATA CARITA CONTRACTOR CONTRACT
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	250.0
2245 North Bank Drive		7' 7 1	0 8 1 7 0 9	250.0
City	State	Zip Code	Form(Cash,Check,etc) Check	
Columbus		43220	check	
equired for contributions from individuals over \$100 to statewide	e and general assembly cand	idates. If contributor is self-en	aployed, the occupation and the name of the	
equired for contributions from individuals over \$100 to statewater widual's business, if any, rather than employer should be listed. If	f two or more employees co	ntribute via payroll deduction	and exceed the aggregate of \$100, the labor	

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.

		$g_{\alpha\beta\beta\alpha\alpha\beta\alpha\gamma\alpha\gamma\alpha\gamma\alpha\beta\gamma\alpha\alpha\beta\gamma\alpha\gamma\gamma\alpha\gamma\gamma\alpha\gamma\gamma\alpha\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma$
Total contributions this event	Total expenditures this event	
TOTAL	COMMITTED CONTROL OF THE PROPERTY OF THE PROPE	Page Total \$ 750 00
		marine and the state of the sta
	Exemple de proprie de proprie	

in or