

Event Date 7/23/09

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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 Chris Curry				Registration Number, if PAC			
Street Address 6000 Venture Drive		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 100.00
City Dublin	State O	H H	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Steve Anderson				Registration Number, if PAC			
Street Address 3805 N. High Street		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) check			
Full Name of Contributor Paula Gilmour				Registration Number, if PAC			
Street Address 2675 Henthorn Road		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor R. E. Schumacher				Registration Number, if PAC			
Street Address 2649 Clarion Court		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 50.00
City Upper Arlington	State O	H H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Leah Wagenbrenner				Registration Number, if PAC			
Street Address 1960 Chatfield Road		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Mark Wagenbrenner				Registration Number, if PAC			
Street Address 1289 Grandview Avenue		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43212	Form(Cash,Check,etc) check			
Full Name of Contributor Edwin Overmyer				Registration Number, if PAC			
Street Address 2245 North Bank Drive		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 250.00
City Columbus	State O	H H	Zip Code 43220	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 \$ 750.00