

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Believe in UA Committee												
To Whom Paid David E. DeCapua						M	D	Y	Amount			
						0	8	1	2	1	6	\$2,335.22
Address 2101 Yorkshire Road				Purpose Food and Beverages								
City Upper Arlington				State OH	Zip Code 43221		Check Number 1007					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH	Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$2,335.22

Page Total \$