

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 Citizens for Yassenoff				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43221	3		
Form (Cash, Check, etc)			Amount		
check			250.00		
Full Name of Contributor Erik Yassenoff				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1990 Hampshire Rd			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43221	3		
Form (Cash, Check, etc)			Amount		
check			250.00		
Full Name of Contributor Tina Muldoon				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2367 Club Rd			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43221	3		
Form (Cash, Check, etc)			Amount		
check			100.00		
Full Name of Contributor T.A. Ward				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1693 Cardiff Rd			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43221	3		
Form (Cash, Check, etc)			Amount		
check			50.00		
Full Name of Contributor Rachel Kuhar				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1415 Broadview Ave, Apt D			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43212	3		
Form (Cash, Check, etc)			Amount		
check			25.00		
Full Name of Contributor Jack Arnie				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
572 E Rich St			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43215	3		
Form (Cash, Check, etc)			Amount		
check			100.00		
Full Name of Contributor Thomas Erb				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1620 Kirkley Rd			0	7	1
City	State	Zip Code	1	8	1
Columbus	O H	43221	3		
Form (Cash, Check, etc)			Amount		
check			250.00		

* 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 \$ 1,025.00