Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Citizens for David DeCapua Profit Controlled Profit Controll			_					
Pail Name of Contributer Brian Hell	Name of Committee in Full							
Series Address	En para seria de la companya del la companya de la							
Series Address		Registration Number, if P			iber, if PA	'C		
1937 Collingswood Road	A SECONDARIO DE CONTRACTO DE CO							
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Columbus		Non-					online	
Name of Contributor Lisa Doran State Zip Code M D Y Amount	City	State	Zip Code	М	D	Y	Amount	ONGERT TOTO OF THE PARTY OF THE
Registration Number, if PAC Lisa Doran	Columbus	0 H	43221	0 9	1 8	019		150.00
Street Address	Full Name of Contributor					ıC		
A state	Lisa Doran							
State	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)	
State	4516 Amity Road	and the state of t			Onlir		online	
Fall Name of Contributor Allen Handlan	City	State	Zip Code	М	D	Y	<u> </u>	
Registration Number, if PAC Allen Handlan	Hilliard	0 H	43026	0 9	119	0 9		50.00
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Street Address Employer/Occupation/Labor Organization*	Allen Handlan							
State Zip Code M D Y Amount	Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)
State Zip Code M D Y Amount	2354 Kensington Road						online	
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Columbus		State	Zip Code	M	D	Y	<u> 2</u>	
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Page Total \$	1,050.00
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^{*} 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)]