

Event Date	8/29/09
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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 Geoffrey Blossom				Registration Number, if PAC	
Street Address 1937 Stanford Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) check	
Full Name of Contributor Debra Larry				Registration Number, if PAC	
Street Address 4171 Randmore Court		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Daniel Fronk				Registration Number, if PAC	
Street Address 1083 Lincoln Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 100.00
City Grandview Heights	State O H	Zip Code 43212		Form(Cash,Check,etc) check	
Full Name of Contributor Gregory Callaghan				Registration Number, if PAC	
Street Address 2320 Sandover Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Heather Evans				Registration Number, if PAC	
Street Address 2238 Yorkshire Road		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Todd Kuehn				Registration Number, if PAC	
Street Address 1958 Westwood Avenue		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) check	
Full Name of Contributor Jonathan Hellstedt				Registration Number, if PAC	
Street Address 238 Highgate Avenue		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43085		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 \$ 1,100.00