Statement of Contributions Received

Prescribed by Secretary of State 3/05

							
Name of Committee in Full							
Citizens for David DeCapua							
Full Name of Contributor	of Contributor			Registration Number, if PAC			
V, V & V Attorneys							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
336 S. High Street	[Check	
City	State	Zip Code	М	Ð	Y	Amount	
Columbus	$O \mid H$	43215	0 1	1 4	1 4	250.00	
Full Name of Contributor	Registration Number, if PA					С	
Bradley Frick & Assocs			1				
Street Address	Employer/Occupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)	
1265 Neil Ave.	` ` ` `					Check	
City	State	Zip Code	М	D	Y	Amount	
-	OIH	43201	0 1	1 4	$1 \mid 4 \mid$	250.00	
Columbus	0 1.11	45201					
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
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C'	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	, ,,,	Ιĭ	1	Amodiii	
			Davisses	tion Nive	bor if DA	C	
Full Name of Contributor			Kegisira	תנואו חסנוו	ber, if PA	i.C	
						r (C Chl)	
reet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
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City	State	Zip Code	М	l D	Y	Amount	
		<u>. </u>			1		
Full Name of Contributor			Registra	tion Nun	ber, if PA	i.C	
						<u> </u>	
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)	
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City	State	Zip Code	М	Ð	Y	Amount	
					1		
Full Name of Contributor			Registra	ntion Num	iber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1	1,		1 1			
Full Name of Contributor			Registra	ation Nun	ber, if P/	VC	
Tur Marie of Controllor							
Ctuart Address	Employer/Occur	action/Labor Organization*				Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*						Tom (case, cheek, e.e.)	
0:	State	Zip Code	М	D	Y	Amount	
City	State	7.ip Code	'''	11	Ι'n	Тикли	
	<u> </u>	<u> </u>	Decision	- N	-l :60/)C	
Full Name of Contributor Registration Number, if PA						AC .	
					Francisco (Carlo Charles)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	1			1	T		
City	State	Zip Code	M	D	Y	Amount	
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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)]

Page Total \$ 500.00