

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for David DeCapua							
Full Name of Contributor Christopher Cooke		Registration Number, if PAC					
Street Address 1935 N. Devon Road		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43212	0	9		50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Jeffrey Tudas		Registration Number, if PAC					
Street Address 1966 W. 5th Avenue		Employer/Occupation/Labor Organization*		0	7	2	8
City Upper Arlington		State O H	Zip Code 43212	0	9		100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Joseph DeCapua		Registration Number, if PAC					
Street Address 4900 Pleasant Valley Drive		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43220	0	9		100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Jason Pitstick		Registration Number, if PAC					
Street Address 395 N. Drexel Avenue		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43209	0	9		50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Damon Muldoon		Registration Number, if PAC					
Street Address 2367 Club Road		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43221	0	9		50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Peter Koepfel		Registration Number, if PAC					
Street Address 2528 Tremont Road		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43221	0	9		100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Bruce Rose		Registration Number, if PAC					
Street Address 2115 Ellington Road		Employer/Occupation/Labor Organization*		0	7	2	8
City Columbus		State O H	Zip Code 43221	0	9		200.00
				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 \$ 650.00