

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for David DeCapua</b>					
Full Name of Contributor <b>Chris Reinhardt</b>				Registration Number, if PAC	
Street Address <b>4260 Reedbury Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Mark Jerman</b>				Registration Number, if PAC	
Street Address <b>510 High Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>100.00</b>
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Arthur Decrane</b>				Registration Number, if PAC	
Street Address <b>10790 Rushden Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>100.00</b>
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>James Parsons</b>				Registration Number, if PAC	
Street Address <b>6029 Galewind Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>100.00</b>
City <b>Duluth</b>	State <b>G   A</b>	Zip Code <b>100</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Emel Singer</b>				Registration Number, if PAC	
Street Address <b>3750 N. Lake Shore Drive, 11A</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>100.00</b>
City <b>Chicago</b>	State <b>I   L</b>	Zip Code <b>60613</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Chris Gempel</b>				Registration Number, if PAC	
Street Address <b>2500 Henthorn Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>John Boone</b>				Registration Number, if PAC	
Street Address <b>12795 NW Creekside Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   0   0   9</b>	Amount <b>150.00</b>
City <b>Portland</b>	State <b>O   R</b>	Zip Code <b>97229</b>		Form(Cash,Check,etc) <b>check</b>	

\* 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 \$ 700.00