20	7)
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for David DeCapua				D. Maria Mandara (CDAC)				
Full Name of Contributor				Registration Number, if PAC				
Donna Jaske								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2182 Picket Post Lane				·····		check		
City	State	Zip Code	M	D	Y	Amount	40.00	
Columbus		43220	1 1	$0 \mid 4$	0 9		10.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Thomas Turner								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3065 Brandon Road						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43221	11	0 4	0 9		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Committee For Jim Hughes								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
52 E Gay Street						check		
City	State	Zip Code	M	D	Y	Amount	***************************************	
Columbus	$O \mid H$	43215	1 1 1	0 4	0 9		150.00	
Full Name of Contributor			Registra		ber, if PA	С		
J Troy Terakedis								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
248 Daniel Burnham Square						online		
City	State	Zip Code	M	D	Y	Amount		
Columbus	$O \mid H$	43215	10	1 5	0 9		100.00	
Full Name of Contributor					ber, if PA	C		
Brian Tierney								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1685 Arlington Avenue	anonomous A a a	2mpro, on occupation 2mon or gamma-				online		
City	State	Zip Code	Тм	D	Y	Amount		
Columbus	OIH	43212	10	2 3	i		250.00	
Full Name of Contributor		J. C. 7 Ann. de, 2009		Acceptance of the second	ber, if PA	.C		
Dan Hackett								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
2615 Wexford Road						online		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43221		1	0 9	Bi .	100.00	
Full Name of Contributor		The Solar hase So.			ber, if PA		2.00100	
Andrew Chistman			T C G T C C C C C C C C C C C C C C C C		,			
Street Address	Employer/Ocour	ation/Labor Organization*				Form (Cash, Che	eck etc.)	
	Employer/Geeap	Employer/Occupation/Labor Organization				online		
1347 N High Street	State	Zip Code	М	D	ΤΥ	Amount		
City		43201		1 .	0 9	Minoane	50.00	
Columbus		43201	ementenamentinamen	edinarionani antinament	ber, if PA	C	50.00	
Full Name of Contributor			Registra	mon nun	ioci, ii FA	i.C		
Carla Sokol		and a first of the second				Form (Carlo Cl.	ant etal	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2051 Arlington Avenue			7.	T F	T , ,	online	MANAGEMENT CONTRACTOR	
City	State	Zip Code	M	D	Y	Amount	E0 00	
Columbus		43221	1 0	12 6	0 9	ļ.,,,	50.00	

Page Total \$ 760.00

^{*} 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)]