

Event Date	<u>7/18/13</u>
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for David DeCapua						
To Whom Paid Herb Gillen Agency			M 0	D 8	Y 13	Amount 95.00
Address 1953 S Mallway Dr		Purpose nametags, volunteer forms				
City Columbus	State O	Zip Code H	Check Number 1002			
To Whom Paid Mark Swabby			M 0	D 8	Y 13	Amount 250.00
Address 1719 Stringtown Rd		Purpose Entertainment - acoustic guitar				
City Grove City	State O	Zip Code H	Check Number 1003			
To Whom Paid Dawson			M 0	D 8	Y 13	Amount 2,234.26
Address 1114 Dublin Rd		Purpose Food and drink				
City Columbus	State O	Zip Code H	Check Number 1004			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>2,579.26</u>
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