Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for David DeCapua								
Name of Contributor			Registra	Registration Number, if PAC				
Steve Geraghty	ngunços anticipos popularios activos a							
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
2061 Ellington Road		wywynau wy gantau y	anna anna dhegaineòn ao anna airteiche	unga inamenanan	ak baranca karanca kar	online		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43221	1 2			100.00		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	- Company			See that the see	oloc test solo			
Full Name of Contributor			Registra	ation Nun	ber, if PA	C		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			1	***************************************				
Full Name of Contributor			Registr	ation Nun	ber, if PA	.C		
Street Address	Employer/Occi		Form (Cash, Check, etc.)					
City	State	Zip Code	М	T D	Y	Amount		
4		*		-	1			
Full Name of Contributor	<u> Laurence</u>		Registr	ation Nun	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	ΙM	D	ΙΥ	Amount		
		A.			1100			
Full Name of Contributor Registration Number, i						åC		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	ΤΥ	Amount		
				4				
Full Name of Contributor			Registr	ation Nun	ber, if PA	I. C		
Tun Name of Controlled					5			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, or								
30000 Addioss								
City	State	Zip Code	М	T D	Ϋ́	Amount		
City	Jaco	25.0	1.12					
Full Name of Contributor Registration Number, if PAC						C		
p un realic of Contributor								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Prince varies2	Employer/Occupation/Labor Organization					a other (Cash, Chook, 610.)		
C. (v.)	State	Zip Code	ΙM	T D	ΙΥ	Amount		
City	State	Zip Code	IVI		1	EXMOUNT		
		•						

* 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 \$ 100.00