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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for David DeCapua								
Full Name of Contributor				Registration Number, if PAC				
Contributions from Form 31-E					Registration Number, if I AC			
	Translavar/Ocan	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occu				Tom (Cash, Chook, Co.)			
City	State	Zip Code	M	D	Y	Amount		
		-	0 8	2 9	0 9	6,195.00		
Full Name of Contributor					ber, if PA			
THE PARTY OF CONTRIOUTOR								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
		nsons delicate	OLI NAME OF THE PARTY OF THE PA					
Full Name of Contributor Registration Number, if P						C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	State	Zip Code	М	D	ΙΥ	Amount		
City	State	Zip Code	101			Minount		
E HAL COLLEGE			Pagietre	tion Muer	her if DA	C		
Full Name of Contributor Registration Number								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	1000000		Concession	İ				
Full Name of Contributor Registration Number, if PA						åC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	State	Zip Code	М	T D	ΙΥ	Amount		
City	State	Zip Code	111			7 mount		
Full Name of Contributor			Registra	ation Nun	ber, if PA	s.C		
THE NAME OF CONTROLLED								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
					NAPOREDAY.			
Full Name of Contributor	Contributor Registration Number, if PA					1C		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check								
Street Address	Employer/Occupation/Labor Organization*					orm (Cash, Chock, Cit.)		
City	State	Zip Code	M	D	Y	Amount		
Research		a Notacion de la constanta de		A STATE OF THE STA				
Full Name of Contributor Registration Number, if P.						AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
		Market						

* 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 \$ 6,195.00