

Event Date	7/23/09
Page	6

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for David DeCapua					
Full Name of Contributor Whitney Logan				Registration Number, if PAC	
Street Address 4161 Kenny Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor James Manning				Registration Number, if PAC	
Street Address 1841 Suffolk Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Mark Hummer				Registration Number, if PAC	
Street Address 1795 Edgemont Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Steven Chieffo				Registration Number, if PAC	
Street Address 3267 Ainwick Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Melissa Koon				Registration Number, if PAC	
Street Address 3057 Mountview Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor David Meyer				Registration Number, if PAC	
Street Address 1320 Dublin Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor Ann Ruscilli				Registration Number, if PAC	
Street Address 1957 Lake Shore Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2009
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) check		Amount 100.00

* 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)]

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 \$ 550.00