

Event Date	7/23/09
Page	10

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 Amy Heller				Registration Number, if PAC	
Street Address 2129 Yorkshire Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43221	Amount 150.00	Form(Cash,Check,etc) check	
Full Name of Contributor Nicholas Cavalaris				Registration Number, if PAC	
Street Address 590 City Park Avenue	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Craig Sturtz				Registration Number, if PAC	
Street Address 1568 Guilford Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Daniel Roe				Registration Number, if PAC	
Street Address 2025 Tremont Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Paul Bloomfield				Registration Number, if PAC	
Street Address 1480 Dublin Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor James Lynch				Registration Number, if PAC	
Street Address 1828 Harwitch Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Christopher Barcelona				Registration Number, if PAC	
Street Address 108 South Homewood Avenue	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Pittsburgh	State P	Zip Code 15208	Amount 50.00	Form(Cash,Check,etc) check	

* 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 \$ 500.00