

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 Richard Shawn				Registration Number, if PAC	
Street Address 147 N Birchwood Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 50.00
City Louisville	State K Y	Zip Code 40206		Form(Cash,Check,etc) check	
Full Name of Contributor William Kraft				Registration Number, if PAC	
Street Address 4312 Waybourn Way		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Michael Edwards				Registration Number, if PAC	
Street Address 1895 Cambridge Boulevard		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Maria Mone				Registration Number, if PAC	
Street Address 2091 Yorkshire Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Steven Lichtblau				Registration Number, if PAC	
Street Address 1210 Carron Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor William Coombs				Registration Number, if PAC	
Street Address 2675 Haverford Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Linda Arthur				Registration Number, if PAC	
Street Address 1537 Barrington Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43221		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 \$ 525.00