Statement of Contributions Received

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| Page | <u></u> | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full Citizens for David DeCapua | | | | | | | | |
|--|------------------------|---|------------|--------|----------|--------------------------|--------------------------------|--------------------------|
| Full Name of Contributor City of Upper Arlington | | | Re | gistra | tion Nu | mber, | if PA | AC |
| Street Address 3600 Tremont Road | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) Check | |
| _{City} Upper Arlington | State OH | Zip Code 43221 | 1 N | 0 | 0 3 | 1 | 6 | Amount \$3,401.09 |
| Full Name of Contributor | | | Re | gistra | ition Nu | mber, | if PA | AC |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | Registration Number, if P | | | if PA | C | | |
| Street Address | Employer/Occu 501c3 | pation/Labor Organization* | <u> </u> _ | | | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | | Re | gistra | ition Nu | mber, | if PA | AC |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | | Re | gistra | tion Nu | mber, | if PA | VC . |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | | Re | gistra | tion Nu | mber, | if P/ | AC . |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | | Re | gistra | tion Nu | mber, | if P/ | AC |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |
| Full Name of Contributor | | | Re | gistra | tion Nu | mber, | if PA | AC |
| Street Address | Employer/Occu | pation/Labor Organization* | L | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | N | 1 | D | Y | | Amount |

^{*} 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 also appear. [R.C. 3517.10(B)(4)]