

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 Joe Murray			Registration Number, if PAC		
Street Address 1776 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Krissy Murray			Registration Number, if PAC		
Street Address 1776 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Brian Basil			Registration Number, if PAC		
Street Address 2179 S Parkway Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Jen Basil			Registration Number, if PAC		
Street Address 2179 S Parkway Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Geoff Moul			Registration Number, if PAC		
Street Address 3935 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Tonya Moul			Registration Number, if PAC		
Street Address 3935 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Dave Meyer			Registration Number, if PAC		
Street Address 2252 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 250.00

* 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 \$ 1,750.00