

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for David DeCapua								
To Whom Paid Nutter Handyman Services					M 0	D 9	Y 2	Amount 1,080.02
Address 1177 Chesapeake Avenue		Purpose reimbursement for tailgate services, food						
City Columbus		State O	H	Zip Code 43212	Check Number 128			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.