31-A
R.C. 3517.10

FOR PAPER FILING ONLY

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Name of Committee in Full					
Citizens for David DeCapua					
Full Name of Contributor				**Registration Number, if PAC**	
Cheryl Godard					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2030 Cambrdige Blvd.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43221	10 31 13		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Nancy Drees					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3781 Criswell Dr.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43220	10 31 13		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Roger Blackwell					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1738 Fishinger Rd					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43221	10 31 13		100.00
Full Name of Contributor				**Registration Number, if PAC**	
M Todd Bergdoll					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1650 Arlington Ave.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43212	10 31 13		250.00
Full Name of Contributor				**Registration Number, if PAC**	
W. Michael Brady					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1671 Guilford Rd.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43221	10 31 13		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Sarah Backiewicz					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4271 Startton Rd.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43220	10 31 13		200.00
Full Name of Contributor				**Registration Number, if PAC**	
Gina Augustine					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5262 Fairlane Dr.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43212	10 31 13		250.00
Full Name of Contributor				**Registration Number, if PAC**	
Deborah Huddleston					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2710 Crafton Park					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	O H	43221	10 31 13		250.00

Page Total $ 1,250.00