

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for David DeCapua													
Full Name of Contributor James Wiles					Registration Number, if PAC								
Street Address 2201 Yorkshire Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43221		M 0 8		D 0 3		Y 1 3		Amount 100.00	
Full Name of Contributor Randy Dean					Registration Number, if PAC								
Street Address P.O. Box 99			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Dublin		State O H		Zip Code 43017		M 0 8		D 0 3		Y 1 3		Amount 250.00	
Full Name of Contributor Lorri Dean					Registration Number, if PAC								
Street Address P.O. Box 99			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Dublin		State O H		Zip Code 43017		M 0 8		D 0 3		Y 1 3		Amount 250.00	
Full Name of Contributor C.L. Bonasso					Registration Number, if PAC								
Street Address 2262 Yorkshire Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 6		Y 1 3		Amount 250.00	
Full Name of Contributor Christine Bonasso					Registration Number, if PAC								
Street Address 2262 Yorkshire Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 6		Y 1 3		Amount 250.00	
Full Name of Contributor John Easton					Registration Number, if PAC								
Street Address 4975 Oldbridge Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43220		M 0 8		D 2 6		Y 1 3		Amount 250.00	
Full Name of Contributor Michael Martz					Registration Number, if PAC								
Street Address 2251 Abington Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 6		Y 1 3		Amount 250.00	
Full Name of Contributor Tracey Yakubov					Registration Number, if PAC								
Street Address 2234 Onandaga Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 6		Y 1 3		Amount 100.00	

* 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)]

Page Total \$ **1,700.00**