

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 James Manning				Registration Number, if PAC	
Street Address 1841 Suffolk Rd		Employer/Occupation/Labor Organization*		M	D
				0	7
City Columbus		State O	Zip Code 43221	Y	Amount
		H		1	50.00
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Drake Sneed					
Street Address 1910 Suffolk Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	100.00
City Columbus		State O	Zip Code 43221	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Robin Hoke					
Street Address 2134 Yorkshire Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	250.00
City Columbus		State O	Zip Code 43221	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Andrew Asmo					
Street Address 1768 Glenn Ave				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	25.00
City Columbus		State O	Zip Code 43212	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Joe Hayek					
Street Address 1724 Roxbury Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	250.00
City Columbus		State O	Zip Code 43212	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Amy Hayek					
Street Address 1724 Roxbury Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	250.00
City Columbus		State O	Zip Code 43212	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					
Full Name of Contributor Stephen Thompson					
Street Address 2538 Berwyn Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	7	1	125.00
City Columbus		State O	Zip Code 43221	Y	
		H		1	
				8	
				1	
				3	
Form (Cash, Check, etc) check					

* 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 \$ 1,050.00