

Event Date	<u>7/23/09</u>
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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 Michael DiBlasi				Registration Number, if PAC			
Street Address 4231 Chadbourne Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Jeff DeLeone				Registration Number, if PAC			
Street Address 137 E. State Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Thomas Robertson				Registration Number, if PAC			
Street Address 1840 Baldrige Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	250.00
City Columbus		State O	H H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Denise Bittering				Registration Number, if PAC			
Street Address 4949 Oldbridge Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Craig Grant				Registration Number, if PAC			
Street Address 4430 Reed Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	200.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Jeffrey Haskett				Registration Number, if PAC			
Street Address 2126 Ellington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Columbus		State O	H H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Jennifer Ellis				Registration Number, if PAC			
Street Address 2097 Ellington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	100.00
City Columbus		State O	H H	Zip Code 43221		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 \$ 900.00