
Event Date	7/23/09
Dago	9
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	retary of State 3/05			
Name of Committee in Full					
Citizens for David DeCapua					
Full Name of Contributor			Registration Number, i	FPAC	
Kristin Purcell			MIDIY		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		8	50.00
1768 Arlington Avenue	ACRES AND		0 7 2 8 0 Form(Cash,Check,etc)	9	30.00
City	State	Zip Code	check		
Columbus		43212	Registration Number, i	fDAC	
Full Name of Contributor			Registration Number,	ITAC	
Kurt Yoder		A Town Comments of the Asian State of the Asian Sta	M D Y	Amount	nzaelnoodiinadooyuunaaaaaaaaaaaaaaaaaaaaa
Street Address	Employer/Occupa	tion/Labor Organization*	1 1 1	9	100.00
2075 Fairfax Road	Ct t	Prin Codo	Form(Cash,Check,etc)		100.00
City	State	Zip Code 43221	check		
Columbus		L S land dan L	Registration Number,	FPAC	
Full Name of Contributor			nogionadon number,		
Stephanie Kincaid	IEmployar/Occurs	ation/Labor Organization*	M D N	Amount	aran aran aran aran aran aran aran aran
Street Address	rampioyer/Occupa	montano organization	1 1	9	50.00
2133 Sandover Court	State	Zip Code	Form(Cash,Check,etc)		00.00
City	O H	43220	check		
Columbus Full Name of Contributor		"EV live love O	Registration Number,	if PAC	
			8		
J. Michael Collister Street Address	[Employer/Occupa	ation/Labor Organization*	MDT	Amount	######################################
	Employer/Occupations Edoor Organization		0 7 2 8 0	9	50.00
2085 Elgin Road	State	Zip Code	Form(Cash,Check,etc		
Columbus	OIH	43221	check		
Full Name of Contributor			Registration Number,	if PAC	
Katrina Ruscilli					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount	
2107 Ellington Road			0 7 2 8 0	9	150.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$\cap \mid H$	43221	check		
Full Name of Contributor			Registration Number,	if PAC	
Jennifer Mason					
Street Address	Employer/Occupation/Labor Organization*		1 1 1	Y Amount	
1666 Essex Road				9	100.0
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43221	check		
Full Name of Contributor			Registration Number,	if PAC	
Robert Heller					and the second s
Street Address	Employer/Occupation/Labor Organization*			Y Amount	2 m 0 0
2129 Yorkshire Road			and the second s	9	150.0
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus		43221	check		
				1.1	
equired for contributions from individuals over \$100 to statewide	and general assembly candi	idates. If contributor is self-en	nployed, the occupation an	o the name of the	
vidual's business, if any, rather than employer should be listed. If nization of which the employees are members, if any, must appe		ntribute via payroll deduction	and exceed the aggregate of	r \$100, the labor	
1 10	or DD C 3517 10/BV/4\1				

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.

	guor		MANAGEMENT AND	
Total contributions this event	Total expenditures this event			
		Page Total \$	650.00	
	Name of the state	-		
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	Strong Language Control of the Contr			