

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 Jennifer Bajec			Registration Number, if PAC			
Street Address 6850 Bryne Court	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 125.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Leah Sneed			Registration Number, if PAC			
Street Address 1910 Suffolk Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Robert Dunn			Registration Number, if PAC			
Street Address 1764 Edgemont Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) check			
Full Name of Contributor Jeff Miller			Registration Number, if PAC			
Street Address 6753 Leadsway Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00
City Westerville	State O	Zip Code 43081	Form(Cash,Check,etc) check			
Full Name of Contributor Steven Gellerstedt			Registration Number, if PAC			
Street Address 5527 Classics Court	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Sylvia Stevens			Registration Number, if PAC			
Street Address 1621 Berkshire Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Bradley Wrightsel			Registration Number, if PAC			
Street Address 2036 Collingswood Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00
City Columbus	State O	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 \$ 525.00