

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 Doug Hinton				Registration Number, if PAC	
Street Address 2527 Andover Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 20.00	Form(Cash,Check,etc) cash	
Full Name of Contributor James Wiles				Registration Number, if PAC	
Street Address 2201 Yorkshire Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor R. Neal Bell				Registration Number, if PAC	
Street Address 746 Newark Granville Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Granville	State O	Zip Code 43023	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Kevin Connor				Registration Number, if PAC	
Street Address 2228 Yorkshire Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Robin Hoke				Registration Number, if PAC	
Street Address 2134 Yorkshire Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Christopher Pagnotto				Registration Number, if PAC	
Street Address 3093 Mountview Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 150.00	Form(Cash,Check,etc) check	
Full Name of Contributor Cheryl Godard				Registration Number, if PAC	
Street Address 2030 Cambridge Boulevard	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 50.00	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 \$ 570.00