

FOR PAPER FILING ONLY

Page 1

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for David DeCapua									
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount 35.00
Address 30 W Spring St.						Purpose Filing Fee			
City Columbus						State O H		Zip Code 43215	Check Number 1017
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount

Page Total \$ 35.00