| Event Date | 7/23/09 |
|------------|---------|
| Page | |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secre | etary of State 3/05 | | |
|---|---|----------------------------------|---|--|
| Name of Committee in Full | | | | |
| Citizens for David DeCapua | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Jeffrey Bibbo | | | | en de la composition della com |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| 2091 Yorkshire Road | | | 0 7 2 8 0 9 | 200.00 |
| City | 1 1 | Zip Code | Form(Cash,Check,etc) | |
| Columbus | | 43221 | check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Lisa Cini | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount | FO 00 |
| 2118 E Broad Street | | | 0 7 2 8 0 9 | 50.00 |
| City | 1 1 | Zip Code | Form(Cash,Check,etc) | |
| Columbus | -10 H_{\odot} | 43209 | check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| William Luce | | (* 1 | M D Y Amount | |
| Street Address | Employer/Occupation/Labor Organization* | | | 100.00 |
| 5763 Chatterfield Drive | CA - A - | 271. C - 4. | 0 7 2 8 0 9 Form(Cash,Check,etc) | 100.00 |
| City | 1 1 | Zip Code 43017 | check | |
| Dublin | LolHJ | 43017 | Registration Number, if PAC | |
| Full Name of Contributor | | | Registration Number, in 1710 | |
| H. Charles Fraas | Templayor/Occupa | tion/Labor Organization* | M D Y Amount | C |
| Street Address | Employer/Occupation/Labor Organization* | | 0 7 2 8 0 9 | 100.00 |
| 2378 Kensington Road | State | Zip Code | Form(Cash,Check,etc) | 100.00 |
| City Columbus | | 43221 | check | |
| Full Name of Contributor | | L.C. And Son St. | Registration Number, if PAC | |
| Jeffrey Gomez | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| 2261 Oxford Road | Employer/Occupation/Eabor Organization | | 0 7 2 8 0 9 | 200.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Columbus | | 43221 | check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Dax Hudson | | | DE COLOR | |
| Street Address | Employer/Occupa | tion/Labor Organization* | M D Y Amount | |
| 2315 Lane Woods Drive | | | 0 7 2 8 0 9 | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Columbus | $O \mid H$ | 43221 | check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Michael Gaby | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | M D Y Amount | m 0 0 0 |
| 1811 Waltham Road | | | 0 7 2 8 0 9 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Columbus | $O \mid H$ | 43221 | check | |
| equired for contributions from individuals over \$100 to statewide | and general assembly candid | lates. If contributor is self-en | apployed, the occupation and the name of the | |
| ridual's business, if any, rather than employer should be listed. If initiation of which the employees are members, if any, must appear | | tribute via payroll deduction a | and exceed the aggregate of \$100, the labor | |
| | | | | |

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.

| | r | AND THE PROPERTY OF THE PROPER | |
|--------------------------------|--|--|----------|
| Total contributions this event | Total expenditures this event | | |
| | | Page Total \$ | 000.00 |
| | ANALYSIS ANANYI ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI ANA | | <u> </u> |
| | AND THE PROPERTY OF THE PROPER | | |
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