

Event Date	8/29/09
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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 Daniel Low				Registration Number, if PAC	
Street Address 2030 Upper Chelsea	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Scott Shaffer				Registration Number, if PAC	
Street Address 1342 Carron Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Geoff Moul				Registration Number, if PAC	
Street Address 3935 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43220	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Tonya Moul				Registration Number, if PAC	
Street Address 3935 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43220	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Brian Basil				Registration Number, if PAC	
Street Address 2412 Kensington Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Jennifer Basil				Registration Number, if PAC	
Street Address 2412 Kensington Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Kathryn Mason				Registration Number, if PAC	
Street Address 1986 Tewksbury Road	Employer/Occupation/Labor Organization*		M 0	D 9	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 \$ 1,175.00