Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full		***************************************		
Citizens for David DeCapua				
Full Name Pirce Communications, Inc			Registration Number, if PAC	
Address	Type*		M D Y Amount	
208 East State Street	RE		0 8 0 1 1 6 \$300.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43215	Check	
Full Name Arlington bank - Adjustment ot Bank Balance - carried for 2 years			Registration Number, if PAC	
Address	Type*		M D Y Amount	
2130 Tremont Center	RE		1 2 3 1 1 6 \$23.85	
City	State	Zip Code	Form (Cash, Check, etc.)	
Upper Arlington Full Name	ОН	43221	Adjustment	
rui Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
Eall Mana	ОН		Paristation Manufacture (CDAC)	
Full Name			Registration Number, if PAC	
Address	Туре*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
E-UN-	ОН		D	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE _			
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name	ОН		Registration Number, if PAC	
run Name			registration number, if the	
Address	Type*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
E.H.M.	ОН		Registration Number, if PAC	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH_			
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE _			
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

323.85

Page Total \$

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.