31-A-2
R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
Citizens for David DeCapua

Full Name				Registration Number, if PAC				
Arlington Bank								
Address	Type*			M	D	Y	Amount	
	I	N		0 1	1 5	1 0		0.53
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O	H	43221	bank credit				

Full Name				Registration Number, if PAC				
Arlington Bank								
Address	Type*			M	D	Y	Amount	
	I	N		0 2	1 5	1 0		0.48
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O	H	43221	bank credit				

Full Name				Registration Number, if PAC				
Arlington Bank								
Address	Type*			M	D	Y	Amount	
	I	N		0 3	1 5	1 0		0.51
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O	H	43221	bank credit				

Full Name				Registration Number, if PAC				
Address	Type*			M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)				
				bank credit				

Full Name				Registration Number, if PAC				
Address	Type*			M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)				
				bank credit				

Full Name				Registration Number, if PAC				
Address	Type*			M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)				

Full Name				Registration Number, if PAC				
Address	Type*			M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)				

Full Name				Registration Number, if PAC				
Address	Type*			M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)				

* 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, place the letters 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.

Page Total $ _____ 1.52