3	1-	A-	2		
R.	C.	351	7.	10(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Citizens for David DeCapua									
					Registration Number, if PAC				
Arlington Bank					Registration Patrice				
Address	Type*		М	D	Y	Amount			
Addicss	I N		0 4	1 5	1 0	0.43			
City	State	1 - 1	Form(Ca						
Columbus	$O \mid H$	43221		ık cre					
Full Name					oer, if PA	.C			
Arlington Bank					,				
Address	Type*		M	D	Y 	Amount			
City	State	Zip Code	Form(Cash,Check,etc)						
			bar	nk cre	dit				
Full Name		Registration Number, if PAC							
Arlington Bank									
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(Ca						
			bar	nk cre	<u>dit</u>				
Full Name			Registrat	ion Numl	ber, if PA	C.			
Address	Type*		M	D	Y	Amount			
. X. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.			1						
City	State	Zip Code	Form(Ca	sh,Check	,etc)				
				nk cre					
Full Name			Registration Number, if PAC						
Address	Type*		М	D	Y	Amount			
		20							
City	State	Zip Code	Form(Ca	sh,Check	,etc)				
		de maria de la companione de la companio	bank credit						
Full Name			Registration Number, if PAC						
Address	Type*		М	D	Y	Amount			
			á.		-				
City	State	Zip Code	Form(Ca	sh,Check	,etc)	4.534			
Full Name			Registration Number, if PAC						
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(Ca	sh,Check	(,etc)				
	Australia								
Full Name			Registration Number, if PAC						
Address	Type*		M	D	Y	Amount			
radicos	1,700								
City	State	Zip Code	Form(Ca	sh,Check	(etc)				
Only			1	,	. ,				
	I	I .	1						

Page Total \$ 043

^{*} 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.