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

FOR PAPER FILING ONLY

Page 1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens for David DeCapua

Full Name	Address	Type*	City	State	Zip Code	Registration Number, if PAC	M	D	Y	Amount	Form(Cash,Check,etc)
Arlington Bank	2130 Tremont Center	I N	Columbus	O H	43221		01	15	14	1.18	bank credit
Arlington Bank	2130 Tremont Center	I N	Columbus	O H	43221		02	14	14	1.13	bank credit
Arlington Bank	2130 Tremont Center	I N	Columbus	O H	43221		03	14	14	1.05	bank credit
Arlington Bank	2130 Tremont Center	I N	Columbus	O H	43221		04	15	14	1.20	bank credit

* 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 $ 4.56