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

FOR PAPER FILING ONLY

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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	<u> </u>	<u> </u>	Registration Number, if PAC		
Arlington Bank					
Address	Type*		M D Y Amount		
2130 Tremont Center	I I N		1 2 1 5 1 3 1.16		
Caty	State	Zip Code	Form(Cash,Check,etc)		
Columbus	ОІН	43221	bank credit		
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name	!!	<u> </u>	Charles thanks a CD4C		
Fuß Name			Registration Number, if PAC		
Address	Type*	1	M D Y Amount		
The state of the s	1,750				
City	State	Zip Code	Form(Cash,Check,etc)		
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Full Name			Registration Number, if PAC		
Address	Type*		M Dj Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
Caty	State	Zip Code	Form(Cash,Check,etc)		
		ļ.			
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
/W 63	1,7,00		The state of the s		
City	State	Zip Code	Form(Cash,Check,etc)		
J ,	1		· surquant surgery		
Full Name		!	Registration Number, if PAC		
Address	Type*		M D) Y Amount		
Cay	State	Zip Code	Form(Cash,Check,etc)		
	l i	l			
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
Cuty	State	Zip Code	Form(Cash,Check,etc)		
* Place the two letter code in the Type block (one letter per square) which	muscates the nature of th	e uwer income Received; RE i	IOF & PERUNO, UNCASORO CHOCK OF THE		

* 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	.16
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