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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Devid DeCorne				
Citizens for David DeCapua Full Name			Registration Number, if PAC	
			Registration Number, it I Ac	
Arlington Bank Address	Type*		M D Y Amount	
Address	I N		0 8 1 4 0 9 0.13	
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$		bank credit	
Full Name			Registration Number, if PAC	
Arlington Bank				
Address	Type*		M D Y Amount 0 9 1 5 0 9 0.14	
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH		bank credit	
Full Name			Registration Number, if PAC	
Arlington Bank				
Address	Type*		M D Y Amount	
	r N		0 9 3 0 0 9 120.44	
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus			bank credit	
Full Name			Registration Number, if PAC	
Arlington Bank				
Address	Type*		M D Y Amount 0 7 1 5 0 9 0.13	
City	State	Zip Code	Form(Cash,Check,etc)	
·	$O \mid H$		bank credit	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
	00000		bank credit	
Full Name		A. (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	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	
Addivio	1,000			
City	State	Zip Code	Form(Cash,Check,etc)	
	- I			
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
Address	1 ype			
City	State	Zip Code	Form(Cash,Check,etc)	

Page Total \$ 170.84

^{*} 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.