Page 1

1.30

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 1 2 1 5 0 9	Amount 1.30	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$A \cap H$	A Group of the Control of the Contro	bank credit		
Full Name		<u> </u>	Registration Number, if PA	C	
Address	Type*		M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
	A COLUMN TO THE	es co	bank credit		
Full Name			Registration Number, if PAC		
Address	Type*		M D Y	Amount	
Сity	State	Zip Code	Form(Cash,Check,etc)		
	and the second		bank credit		
Full Name			Registration Number, if PA	C	
Address	Type*		M D Y	Amount	
	evertacens	6			
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		
				, and a second control of the contro	
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	
		7.01			
City	State	Zip Code	Form(Cash,Check,etc)		
Toll Name			(7)	C contract of the contract of	
Full Name	Registration Number, if PAC				
Address	Tyre 2		M D Y	E Am aunt	
Addicss	Type*		M D Y	Amount	
		Tin Code	Francisco de Charlesto		
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 \$