

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for David DeCapua						
Full Name Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Center	Type* IN		M 1	D 2	Y 1	Amount \$0.75
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) bank credit			
Full Name Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Center	Type* RE		M 0	D 1	Y 1	Amount \$0.61
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)			
Full Name Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Center	Type* RE		M 0	D 2	Y 1	Amount \$0.58
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)			
Full Name Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Center	Type* RE		M 0	D 3	Y 1	Amount \$0.56
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)			
Full Name Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Center	Type* RE		M 0	D 4	Y 1	Amount \$0.65
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	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, 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.