

# 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					Registration Number, if PAC						
Arlington Bank											
Address			Type*		M	D	Y	Amount			
2130 Tremont Center			I	N	1	2	1	5	1	3	1.16
City			State	Zip Code	Form(Cash,Check,etc)						
Columbus			O	H	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					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			
City			State	Zip Code	Form(Cash,Check,etc)						
Full Name					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			
City			State	Zip Code	Form(Cash,Check,etc)						
Full Name					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			
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 \$ 1.16