

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					Registration Number, if PAC				
Full Name Arlington Bank					Amount				
Address 2130 Tremont Center		Type* I N	Zip Code 43221		M 0	D 9	Y 1	4 1 2	
City Columbus		State O H	Form(Cash,Check,etc) bank credit		Amount 0.14				
Full Name Arlington Bank					Registration Number, if PAC				
Full Name Arlington Bank					Amount				
Address 2130 Tremont Center		Type* I N	Zip Code 43221		M 1	D 0	Y 1	5 1 2	
City Columbus		State O H	Form(Cash,Check,etc) bank credit		Amount 0.14				
Full Name Arlington Bank					Registration Number, if PAC				
Full Name Arlington Bank					Amount				
Address 2130 Tremont Center		Type* I N	Zip Code 43221		M 1	D 1	Y 1	5 1 2	
City Columbus		State O H	Form(Cash,Check,etc) bank credit		Amount 0.14				
Full Name 2130 Tremont Center					Registration Number, if PAC				
Full Name Arlington Bank					Amount				
Address Arlington Bank		Type* I N	Zip Code 43221		M 1	D 2	Y 1	4 1 2	
City Columbus		State O H	Form(Cash,Check,etc) bank credit		Amount 0.13				
Full Name					Registration Number, if PAC				
Address					Amount				
City		State	Zip Code		M	D	Y		
Full Name					Registration Number, if PAC				
Address					Amount				
City		State	Zip Code		M	D	Y		
Full Name					Registration Number, if PAC				
Address					Amount				
City		State	Zip Code		M	D	Y		
Full Name					Registration Number, if PAC				
Address					Amount				
City		State	Zip Code		M	D	Y		

* 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 \$ 0.55