

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 Arlington Bank					Registration Number, if PAC				
Address 2130 Tremont Center		Type* I N				M D Y 0 6 1 3 1 4		Amount 1.09	
City Columbus		State O H		Zip Code 43221		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)			
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 \$ 1.09