

FOR PAPER FILING ONLY

Page 1

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 1 1 3 1 2			Amount 0.16	
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 2 1 5 1 2		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 3 1 5 1 2		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name 2130 Tremont Center									
Address Arlington Bank					Type* I N		M D Y 0 4 1 3 1 2		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 5 1 5 1 1		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 6 1 5 1 2		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 7 1 3 1 1		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				
Full Name Arlington Bank									
Address 2130 Tremont Center					Type* I N		M D Y 0 8 1 5 1 2		
City Columbus			State Zip Code O H 43221		Form(Cash,Check,etc) bank credit				

* 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 \$ 1.17