



Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Upper Arlington						
Full Name The Arlington Bank			Registration Number, if PAC			
Address 2130 Tremont Street		Type* I N	M 1	D 2	Y 3	Amount 11.37
City Upper Arlington		State O H	Zip Code 43221	Form (Cash, Check, etc) Deposit		
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.