



## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Citizens for Upper Arlington				•
Full Name			Registration Number, if PAC	
The Arlington Bank			1	
Address	Type*		M D Y	Amount
2130 Tremont Street	l i N		1 2 3 1 1 0	11.37
City	State	Zip Code	Form(Cash,Check,etc)	
Upper Arlington	O H	43221	Deposit	*
Full Name		·	Registration Number, if PAC	
			<u></u>	
Address	Гуре*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
<u> </u>				
Full Name			Registration Number, if PAC	c
Address ·	Type*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
			<u> </u>	
Full Name			Registration Number, if PAG	
<u> </u>				<del></del>
Address	Type*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
				1.6
Full Name			Registration Number, if PAG	C
				A
Address	Туре*		M D Y	Amount
		di-C	F . (C : C :	
City	State	Zip Code	Form(Cash,Check,etc)	
			Designation Number (CDAC)	
Full Name			Registration Number, if PAC	
			M D Y	Amount
Address	Type*		M D Y	
Cin:		Zip Code	Form(Cash,Check,etc)	
City	State	inp code	( CHOIR, CHOIR, CHO	
Full Name			Registration Number, if PA	C
Full Name			, 117	
Address	Type*		M D Y	Amount
Address	l sype			
City	State	Zip Code	Form(Cash,Check,etc)	
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Fuil Name			Registration Number, if PA	C
			1	
Address	Type*	•	M D Y	Amount
[	1			1
City	State	Zip Code	Form(Cash,Check,etc)	or at
l ´	1 1			i de la

Page Total \$ 11.37

<sup>\*</sup> 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 EN for payments received on a loan made.