

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name TIME WARNER CABLE				Registration Number, if PAC			
Address 7800 CRESCENT EXECUTIVE DRIVE		Type* R   E		M 0   8	D 1   8	Y 0   5	Amount 402.61
City CHARLOTTE		State N   C		Zip Code 28217		Form(Cash,Check,etc) CHECK	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I   N		M 0   7	D 0   7	Y 0   5	Amount 1.41
City COLUMBUS		State O   H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I   N		M 0   8	D 0   4	Y 0   5	Amount 1.77
City COLUMBUS		State O   H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I   N		M 0   9	D 0   7	Y 0   5	Amount 3.04
City COLUMBUS		State O   H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I   N		M 1   0	D 0   6	Y 0   5	Amount 2.81
City COLUMBUS		State O   H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
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.