31-A-2	
R.C. 3517.100	B)

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Rankin			
Full Name Fifth Third Bank			Registration Number, if PAC
Address	Type*		M D Y Amount
809 South High Street	RE		1 0 1 7 1 1 \$21.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	он	43206	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Staire	Zip Code	Form (Cash. Check, etc.)
	OH		
Full Name		Registration Number, if PAC	
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		D. Starte M. A. Starte
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
run Name			registation values, it is
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
E.II Vana	OH _		Registration Number, if PAC
Full Name			registation relation. Il rice
Address	Type*		M D Y Amount
	RE,		
City	State	Zip Code	Form (Cash, Check, etc.)
- 113	ОН		Registration Number, if PAC
Full Name			registration Number, in the
Address	Type*		M D Y Amount
	RE		
City	Stare	Zip Code	Form (Cash, Check, etc.)
5 11 1	OH		Registration Number, if PAC
Full Name			registration Number, it rave
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	

21.00
Page Total S

^{*} 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, 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.