

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Rankin							
Full Name Chase/Bank One				Registration Number, if PAC			
Address 833 S. High Street		Type* IN		M 0	D 7	Y 06	Amount \$0.26
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Interest			
Full Name Chase/Bank One				Registration Number, if PAC			
Address 833 S. High Street		Type* IN		M 0	D 8	Y 06	Amount \$0.25
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Interest			
Full Name Chase/Bank One				Registration Number, if PAC			
Address 833 S. High Street		Type* IN		M 0	D 9	Y 07	Amount \$0.23
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Interest			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	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, 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.