

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|---|--|--|-------------|---|--|---|----------------------|-------------------------------------|--|
| Full Name of Committee Citizens for Rankin | | | | | | | | | |
| To Whom Owed Mike R. Rankin | | | | | Prior Amount \$2,201.11 | | | Amt. Incurred this Period \$0.00 | |
| Address 2432 Wyncourtney Court | | | | | Item or Purpose of Debt Signs & Magnets | | | Outstanding Balance FORGIVEN | |
| City Powell | | | State OH | | Zip Code 43065 | | Payments This Period | | |
| | | | | | | | Date | | |
| | | | | | | | Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | | | | |
| 0 6 1 6 0 4 | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | State | | Zip Code | | Payments This Period | | |
| | | | OH | | | | Date | | |
| | | | | | | | Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | | | | |
| | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | State | | Zip Code | | Payments This Period | | |
| | | | OH | | | | Date | | |
| | | | | | | | Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | | | | |
| | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$0.00 (also record on cover page)