

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin													
From Whom Received Avis M. Rankin													
Address 806 Lake Street													
City Marblehead		State O H	Zip Code 43440		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 6		0 2	0 4										
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received Avis M. Rankin										Prior Amount 15,000.00		Amt. Incurred this Period 0.00	
Address 806 Lake Street												Outstanding Balance 15,000.00	
City Marblehead		State O H	Zip Code 43440		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 8		2 3	0 4										
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received Avis M. Rankin										Prior Amount 19,000.00		Amt. Incurred this Period 0.00	
Address 806 Lake Street												Outstanding Balance 19,000.00	
City Marblehead		State O H	Zip Code 43440		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 9		1 0	0 4										
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received Avis M. Rankin										Prior Amount 3,000.00		Amt. Incurred this Period 0.00	
Address 806 Lake Street												Outstanding Balance 3,000.00	
City Marblehead		State O H	Zip Code 43440		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 9		1 0	0 4										
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 37,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 37,000.00 (To Form No. 30-A)