Page	2

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
CITIZENS FOR RANKIN							
ull Name			Registration :	Registration Number, if PAC			
CHASE/BANK ONE							
Address	Type*		М Г	Y (Amount		
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CHASE/BANK ONE							
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Full Name			Registration	Registration Number, if PAC			
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Address	Type*		M I	D Y	Amount		
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City	State	Zip Code	Form(Cash,C	Check,etc)			
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<u> </u>	i I						

* 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.

Page Total \$ ______0.48_