

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Citizens for Rankin									
Full Name					Registration Number, if PAC				
Transfer From Form 31-C									
Address		Type*			M	D	Y	Amount	
					1	0	1	3	04
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address									
		Type*			M	D	Y	Amount	
City		State	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, place the letters LN 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.