## Statement of Other Income

	Frescribed by S	ecretary of State 2/01	
Name of Committee in Full			
Citizens for Rankin			
Full Name	<del></del>		Pagistration Number 11 Dag
Transfer From Form 31-C			Registration Number, If PAC
Address	Type*		
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<b>C</b> ity	State	Zlp Code	1 0 1 3 0 4 93,000.0
	322.6	ZID CODE	Form(Cash,Check,etc)
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ddress	Type*		M D Y Amount
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			Registration Number, if PAC
ddress	Type*		<u> </u>
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ty	State	Zip Code	
	Jare	2D Code	Form(Cash,Check,etc)
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1 Name			
OF TRAFFIC		<del></del>	Registration Number, if PAC
Herman			
fdress	Type*	Sent Services	M D Y Amount
у	State	Zip Code	Form(Cash,Check,etc)
	1 1		
Place the two letter code in the Type block (or	na luttur par course à unitable de	<u> </u>	

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 \$ 93,000.00