

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name BANK ONE			Registration Number, if PAC		
Address 833 S. HIGH STREET		Type* I N	M 1 1	D 0 4	Y 0 5
City COLUMBUS		State O H	Zip Code 43206		Amount 7.15
Form(Cash,Check,etc) INTEREST					
Full Name BANK ONE					
Address 833 S. HIGH STREET			Registration Number, if PAC		
City COLUMBUS		Type* I N	M 1 2	D 0 6	Y 0 5
State O H		Zip Code 43206		Amount 2.70	
Form(Cash,Check,etc) INTEREST					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
Form(Cash,Check,etc)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
Form(Cash,Check,etc)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
Form(Cash,Check,etc)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
Form(Cash,Check,etc)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
Form(Cash,Check,etc)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code		Amount	
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 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 \$ 9.25