

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|   |  |  |  |                      |  |   |  |  |  |
|---|--|--|--|----------------------|--|---|--|--|--|
| Full Name of Committee<br>CITIZENS FOR RANKIN |  |  |  |                      |  |   |  |  |  |
| To Whom Owed<br>MIKE R. RANKIN                |  |  |  |                      |  | Prior Amount<br>2,201.11                  |  | Amt. Incurred this Period<br>0.00        |  |
| Address<br>2432 WYNCOURTNEY COURT             |  |  |  |                      |  | Item or Purpose for Debt<br>SIGNS, MAGNET |  | Outstanding Balance<br>2,201.11          |  |
| City<br>POWELL                                |  |  |  | State<br>OH          |  | Zip Code<br>43065                         |  | Payments Made This Period<br>Date Amount |  |
| Date Debt was originally Incurred             |  |  |  | M D Y<br>0 6 1 6 0 4 |  | M D Y                                     |  | \$                                       |  |
| Registration Number, if PAC                   |  |  |  |                      |  | M D Y                                     |  |  |  |
|   |  |  |  |                      |  | M D Y                                     |  |  |  |
| To Whom Owed                                  |  |  |  |                      |  | Prior Amount                              |  | Amt. Incurred this Period                |  |
| Address                                       |  |  |  |                      |  | Item or Purpose for Debt                  |  | Outstanding Balance                      |  |
| City  |  |  |  | State                |  | Zip Code                                  |  | Payments Made This Period<br>Date Amount |  |
| Date Debt was originally Incurred             |  |  |  | M D Y                |  | M D Y                                     |  | \$                                       |  |
| Registration Number, if PAC                   |  |  |  |                      |  | M D Y                                     |  |  |  |
|   |  |  |  |                      |  | M D Y                                     |  |  |  |
| To Whom Owed                                  |  |  |  |                      |  | Prior Amount                              |  | Amt. Incurred this Period                |  |
| Address                                       |  |  |  |                      |  | Item or Purpose for Debt                  |  | Outstanding Balance                      |  |
| City  |  |  |  | State                |  | Zip Code                                  |  | Payments Made This Period<br>Date Amount |  |
| Date Debt was originally Incurred             |  |  |  | M D Y                |  | M D Y                                     |  | \$                                       |  |
| Registration Number, if PAC                   |  |  |  |                      |  | M D Y                                     |  |  |  |
|   |  |  |  |                      |  | M D Y                                     |  |  |  |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,201.11 (also record on cover page)