

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I N			M 0 5	D 0 5	Y 0 5
				Amount 1.30			
City COLUMBUS		State O H	Zip Code 43205		Form(Cash,Check,etc) INTEREST		
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I N			M 0 5	D 0 6	Y 0 5
				Amount 1.41			
City COLUMBUS		State O H	Zip Code 43205		Form(Cash,Check,etc) INTEREST		
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 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 \$ 2.71