4

Statement of Loans Received

						Pre	scribed by	/ Secreta	ıry of S	state3/05						
Full Name of Committee CITIZENS FOR RANK																
From Whom Received	<u> </u>					-					Prior	Am	ount	-	Amt. Incurred this Period	
MIKE R. RANKIN													11,1	50.00	0.00	
Address Outstanding Balance									Outstanding Balance 11,150.00							
City POWELL	State	e	Zip Code 4306 5			Loans Received This Period Date Amount						Dat	e	ents This Period Amount		
Date Loanswas originally Incurred	м 0	9	D 2 0	$\begin{bmatrix} \mathbf{y} \\ 0 \mid 4 \end{bmatrix}$	M		D	Y 	\$		М		D	Y	\$	
Registration Number, if PAC					М		D	Y			М		D	Y		
Employer/Occupation/Labor Organization*					М		D	Ϋ́			М		D	Y		
From Whom Received											Prior	Am	ount		Amt. Incurred this Period	
Address			-												Outstanding Balance	
City	Stat	e	Zip Code	•		Loans Received This Period Date Amount						Payments This Period Date Amount				
DatePoan was originally	М		D	Y	М		D	Y 	\$		M		D	Y	\$	
Registration Number, if PAC	• <u> </u>				М		D	Y			M		D	Y		
Employer/Occupation/Labor Organization*				М		D	Y	Τ		М		D	Y 			
From Whom Received Prior Amount Amt. Incurred this Period									Amt. Incurred this Period							
Address															Outstanding Balance	
City	Stat	е	Zip Code	e		Loa	ns Receiv	ed This	Perio	d Amount			Dat	-	nents This Period Amount	
Date Loan was originally Incorred	М		D	Y	M	[D	Y	\$		М		D	Y	\$	
Registration Number, if PAC				<u> </u>	M	Í	D	Y			М		D	Y		
Employer/Occupation/Labor Organization*			_		M	1	D	Y	T		М		D	Y		
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)																
If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).																

1	Total prior amount \$	11,150.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	11,150.00	(To Form No. 30-A)