Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee			_									· · · · · · · · · · · · · · · · · · ·	
CITIZENS FOR RANKIN	J												
From Whom Received										Prior Amount Arnt, Incurred this Period			
Mike R. Rankin									0.00		650.00		
Address											0.00	Outstanding Balance	
2432 Wyncourtney Ct.													650.00
City	State Zip Code Loans Received This Period								Payments This Period				
Powell	OH	43065	5	L	Date Amount				Date ·			Amount	
Date Loan was originally 5	M 0 2	0 2	0 5	M	D	Y	\$		М	D	Y	5	
Registration Number, if PAC				М	D	Y			М	D	Y		-
Employer/Occupation/Labor Organizatio	n"	· · · · ·		Mİ	D	Ÿ	1		M	D	Y	 	
L				İ	i i	;					L	1	İ
From Whom Received								Prior Amount			Amt. Incurred this P	eriod	
Mike R. Rankin		_							ı		0.00	Ī	500.00
Address				-								Outstanding Balance	
2432 Wyncourtney Ct.												Ĺ <u>. </u>	500.Q0
City		Zip Cod		Loans Received This Period					1			nts This Period	
Powell		43065			Date			Amount		Date	-	Amount	<u>i</u> _
Date Loan was originally Incurred:	M 0 3	1 † 4	0 † 5	2	D	Y ;	5		M!	D :	l Y	s 	:
Registration Number, if PAC				×	D	Y			М	D i	Y		!
Employer/Occupation/Labor Organization	n*			2	Đ	Y			М	D	Y		<u>:</u>
From Whom Received				· · ·					Prior Arr	ount	<u> </u>	Amt. Incurred this Pe	riod
Address				•		-						Outstanding Balance	
City State Zip Code				Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally incorred in the second sec	×	D	Y	М	D	Υ	s		М	D	Ý	\$	
Registration Number, if PAC	<u>-</u>	:	· ·	×	D 	Ÿ			М	D	Y		
Employer/Occupation/Labor Organization	n*			M	D	Y		·	М	D	Y		
							_		-				

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).

ı	Total prior amount \$	0.00	
2	Fotal received this period \$	1,150.00	(To Form No. 31-A-2)
3	Fotal Payments this Penod \$	0.00	(also record on Form 31-8
4	Total Gutstanding Balance \$	1.150.00	(To Form No. 30-A)