

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|--|--|--|--|--------------------|--|---|--|--|--|--------------------|--|--|
| Full Name of Committee CITIZENS FOR RANKIN | | | | | | | | | | | | |
| To Whom Owed MIKE R. RANKIN | | | | | | Prior Amount 2,201.11 | | | Amt. Incurred this Period 0.00 | | | |
| Address 2342 WYNCOURTNEY COURT | | | | | | Item or Purpose for Debt IGNS, MAGNET | | | Outstanding Balance 2,201.11 | | | |
| City POWELL | | | | State OH | | Zip Code 43065 | | Payments Made This Period Date Amount | | | | |
| Date Debt was originally Incurred 06/16/01 | | | | | | M D Y 0 6 1 6 0 1 | | 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 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 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 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)