31-C R.C. 3517.10

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Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN	J							<u></u>						
From Whom Received	¥							· · · · · · · · · · · · · · · · · · ·	Prio	r An	nount		Amt. Incurred this Peri	iod
MIKE R. RANKIN												150.00		0.00
Address 2432 WYNCOURTNEY O	TOUR	.1											Outstanding Balance 11,1	50.00
City POWELL		Zip Cod 43065		Lo	ans Rece Date	eived Th	is Perio	d Amount	Payme Date			•	ents This Period Amount	
Date Loan was originally Incurred	м 0 9	D 2 0	0 4	М	D	Y	\$		М		D	Y	\$	
Registration Number, if PAC		U	1013	М	D	+	1		М		D	Y		
Employer/Occupation/Labor Organizatio	n*			М	D	Y			М		D	Y		
From Whom Received			 				<u> </u>		Prio	r An	nount	<u> </u>	Amt. Incurred this Peri	iod
AVIS M. RANKIN									ŀ		97,2	290,62		0.00
Address 806 LAKE STREET													Outstanding Balance FORG	IVEN
City MARBLEHEAD		Zip Cod 4344(Lo	ans Rece	eived Th	is Perio	d Amount		Payme Date		ents This Period Amount		
Date Loan was originally Incurred	м 0 4	D	Y	М	D	Y	\$		М		D	Y	\$	
Registration Number, if PAC	<u> </u>		<u> </u>	М	D	Y			М		D	Ý		
Employer/Occupation/Labor Organization	n*			М	D	Y			М		D	Ý		
From Whom Received									Prio	r An	nount		Amt. Incurred this Per	iod
Address													Outstanding Balance	
City	State 	Zip Cod	le	Lo	ans Rece	eived Th	is Perio	d Amount	Payme Date			•	nents This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М		D	Y	\$	
Registration Number, if PAC				М	D 	Y			М		D	Y		
Employer/Occupation/Labor Organization	n*		_	М	D	Y	1		М		D	Y		
					1				 _	L		1		

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 \$	108,440.62		
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-E
4	Total Outstanding Balance \$	11,1	50.00	(To Form No. 30-A)