Page	 4	ĺ

Statement of Loans Received

				1	Prescribed	by Secre	tary of	State3/05				
Full Name of Committee CITIZENS FOR RAN	KIN			<u> </u>					 -	<u></u>		
From Whom Received			_						Drives	Amount		16
MIKE R. RANKIN									PEROF		150.00	Aunt. Incurred this Period
Address										11,	150.00	
2432 WYNCOURTNI	TY CO	TRIT	•									Outstanding Balzace
City		Zip Co		1	D	1 . 1 222 :						11,150.00
POWELL Date Loan was originally	OIF	1 4306	<u> 55</u>	1	Loans Received This Period Date Amount				Payments This Period Date Amount			
Incurred	0) 21(0 0 4	М	D	Y	s		М	D	Y	2
Registration Number, if PAC	, ,	1.~! \	, <u>, , , , , , , , , , , , , , , , , , </u>	м	D	Y	 		M	D	1 Y	
Employer/Occupation/Labor Organization*			 -	м	D	Y			M	D	 Y	<u> </u>
F									_		1 1	
From Whom Received									Prior A	mount		Amt, Incurred this Period
Address								· 				Outstanding Balance
City	State	Zip Cox	le	Lo	ans Recei	ved This	Period	Ament				eats This Period
Date Loan was originally	М	D	Y	м	D	ΤŸ	Is	700000	M	D D		Amount
Incurred		1 1	Ιì			1 1			m	"	Y	B
Registration Number, if PAC		<u> </u>	!	M	D	Y	+		-	!- -	 	
,				1 "	1 5	1 ';			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	╂	·		1	 _	· · · · · · · · · · · · · · · · · · ·
					М	D	Y					
From Whom Received									Prior A	nount	<u> </u>	Amt. Incurred this Period
Address			-	_							_	Outstanding Balance
City	State	12:- C-4										
,	SCHE	Zip Cod	c	l.oz	ns Receiv	ed This	Period		1			ents This Period
Date Loan was originally	3.0		T		Date			Amount		Dat		Amount
Incurred	М	i P	Y	М	Q 	Y	2		M	D	Y	S
Registration Number, if PAC		*	<u></u>	М	D	Y		·	м	D	Y	
Employer/Occupation/Labor Organization*				<u> </u>			<u> </u>					<u> </u>
napoyeroccipatot tator Organizator				М	D	Y			М	D	Υ	
Required for contributions over \$100 to sta if any, rather than employer should be listed. the employees are members, if any, must app if a loan is forgiven, write "Forgiven" in the "	If two or pear, R,C	rmore emp . 3517.100 ling Balan	oloyees do (B)(4) :ce" space	nate via pa . Transfer	ayroll ded:	oction an	d exceed	if the aggregate of \$	100, the lab	or organiza	tion of wh	ich
Transfer total of all payments made in this po	ariod to ti	e Stateme	ant of Exp	enditures (Form No.	31-B). T	रमार्डीस '	Total Outstanding E	lalance to th	e cower pa	gc (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)