Page	3
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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
CITIZENS FOR RANKIN		-		I Deminter	ation Nu	mahar if	DAC		
Full Name BANK ONE/CHASE				Registr	ation Nu	mber, ir	PAC		
Address	Туг	ne*		М	D	Υ	Amount	****	
833 NORTH HIGH STREET	1"	N			0 5		l	1.30	
City	St	ate	Zip Code		ash,Che				
COLUMBUS	O H 43205			INTEREST					
Full Name				Registr	ation Nu	mber, if	PAC		
BANK ONE/CHASE									
Address	Тур	oe*		М	D	Υ	Amount		
833 NORTH HIGH STREET	I	N		0 5		0 5		1.41	
City	St	ate	Zip Code		Cash,Che				
COLUMBUS	0	H	43205		NTERI				
Full Name				Registr	ation Nu	mber, if	PAC		
				- 4	l n	1 v	TA		
Address	Тур	oe* i		M	D	Y	Amount		
City		ate	Zip Code	Form(C	Cash,Che	ck etc)			
City	36	iale	Zip Code	I omic	asii, Cito	CK,GIC)			
Full Name				Registr	Registration Number, if F				
- Militaire									
Address	Туг	oe*		М	D	Y	Amount		
City	St	ate	Zip Code	Form(C	Cash,Che	ck,etc)			
Full Name		•		Registr	ation Nu	mber, if	PAC		
Address	Type*			М	D	Y	Amount		
City	St	ate	Zip Code	Form(C	Cash,Che	ck,etc)			
				Registration Number, if F					
Full Name				Registr	ation Nu	mber, it	PAC		
Address	Тур	76 *		М	ΙD	ΤΥ	Amount		
Addicas	'''			1		l i	Amount		
City	St	ate	Zip Code	Form(C	Cash,Che	ck,etc)			
					,				
Full Name	I	٠,	<u> </u>	Registr	ation Nu	mber, if	PAC		
Address	Тур	e*		М	D	Y	Amount		
							49-		
City	St	ate	Zip Code	Form(C	Cash,Che	ck,etc)			
	<u></u>	<u> </u>							
Full Name				Registr	ation Nu	mber, if	PAC		
Address		oe*		М	D	Y	Amount		
City	St	ate	Zip Code	Form(C	Cash,Che	ck,etc)			
	•	· · · · ·	5.1 0.1			F /			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 2.71