Statement of Loans Received

							•	te 2/01						
Full Name of Committee	,													
CITIZENS FOR RANKIN	<u>. </u>			·										
From Whom Received									Prior A	mount		Amt. inc	urred this Perio	
Mike R. Rankin											0.00	L	65	0.00
Address												Outstand	ling Balance	
2432 Wyncourtney Ct.						.=						Ĭ	65	0.00
City	State			Lo	ans Rece	ived Th	is Period				Paym	ents This	Period	
Powell	OH	43065	;	<u> </u>	Date			Amount	Date		Amount			
Oatelloan was originally in Incurred:	0 2	0 2	0 5		0	Y	s		M	D	Y	S		
Registration Number, if PAC	_			М	D	Y			м	Đ	Υ.			
Employer/Occupation/Labor Organization	n²			М	D i	Y			М	D !	Y			
From Whom Received					1	<u> </u>			Prior Ar	DOURT		Amt Inc	rred this Period	. -
Mike R. Rankin									Prior Amount 0.00			A THE BRE		o.do
Address											0.00	Outstand	ing Balance	3.00
2432 Wyncourtney Ct.													-	0.00
City	State	Zip Codi	<u> </u>	Lo	ans Rece	ived Thi	s Period				Pavme	nts This		-}-
Powell	OH	43065			Date			Amount	Date			Amount		
Date Loan was originally a	М 0;3	D 1 4	0 5	М	D	Y	S		N	D i	Y	\$		 -
Registration Number, if PAC	·	<u> </u>	I'	м	D	Y	†		M	D	Y			-
Employer/Occupation/Labor Organization	1*			М	D	Y			М	B	Y			<u> </u>
From Whom Received				<u> </u>	<u> </u>	<u> </u>	1		Prior An	nount	1 . !	Amt. Incu	rred this Period	1
Address												Outstandi	ng Balance	
ity	State	Zip Code	:	Loans Received This Period Date Amount				Payments This Per Date			Period Amount			
Date Loap was originally averaged	м	Ð	Y	М	D	Y	\$	- Cinduit	M	D	Ŷ	\$	Arnount	
egistration Number, if PAC	! -	<u> </u>	!	M!	0	. Y			M	D ,	Ÿ		· · · · · · · · · · · · · · · · · · ·	
Employer/Occupation/Labor Organization*				M	<u> </u>	- '	 		Ni Ni	<u>!</u> D	- 			

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).

ŧ	Total prior amount \$	0.00	
2	Total received this period \$	1,150.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-8
4	Total Outstanding Balance \$	1,150.00	(To Form No. 30-A)