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Statement of Other Income

Prescribed by Secretary of State 2/01

	-				
Name of Committee in Full CITIZENS FOR RANKIN					
Full Name			Registration Number, if PAC		
Transfer from Form 31-C			negistration Number, in 1776		
Address	Type*		M D Y Amount		
			0 4 1 3 0 5 1,15	0.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Bank One					
Address	Type*		M D Y Amount		
833 S. High Street	1 N			0.57	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O F	T 43206	interest		
Full Name			Registration Number, if PAC		
Bank One					
Address	Type*	r	M D Y Amount	0.21	
833 S. High Street City	I N	Zip Code	0 1 0 6 0 5 Form(Cash,Check,etc)	0.31	
Columbus	O	1	interest		
Full Name	10 1	402.00	Registration Number, if PAC		
Bank One			Registration Number, in The		
Address	Type*		M D Y Amount		
833 S. High Street	IIN	r		0.08	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OLE	1 43206	interest		
Full Name			Registration Number, if PAC		
Bank One					
Address	Type*		M D Y Amount		
833 S. High Street	I N		0 3 0 4 0 5	0.05	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	0 F	43206	interest		
Full Name			Registration Number, if PAC		
Bank One					
Address	Type*		M D Y Amount	0.00	
833 S. High Street	I N			0.09	
Columbus	State	Zip Code 43206	Form(Cash,Check,etc) interest		
Full Name	10 1	45200	Registration Number, if PAC		
Tan Adire			Registration Number, if I AC		
Address	Type*		M D Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		

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

^{*} 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,