Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
CITIZENS FOR RANKIN			Designation Number of DAC
Full Name BANK ONE			Registration Number, if PAC
Address	Time #		M I D I V IAmount
823 C LICTICTDEET	Type*		M
City	State	Zip Code	Form(Cash,Check,etc)
City COLUMBUS	OHH	43206	INTEREST
Full Name	10		Registration Number, if PAC
BANK ONE			Registration Number, 11 75
Address	Type*	"	M D Y Amount
833 S. HIGH STREET	IIIN		1 2 8 6 0 5 2.10
City	State	Zip Code	Form(Cash,Check,etc)
COLUMBUS	$O \mid H$	43206	INTERESI
Full Name	•		Registration Number, if PAC
Address	Type*		M D Y Amount
City	Chara	Zin Cada	Farm (Cash Charlests)
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	<u> </u>		Registration Number, if PAC
1 dir iyaning			Registration Number, in 1770
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
	ľ		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Auditos	1900		, , , , , , , , , , , , , , , , , , ,
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)
Full Name			Registration Number, if PAC
Fun Natile			registration number, in FAC
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)
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* 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 \$ ______ 9.25