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R	ı.C.	351	7,1	0(B)

## **Statement of Other Income**

Page	1	

Prescribed by Secretary of State 2/01

Name of Committee in Full  KNEELAND FOR COUNCIL			
Full Name LOAN TRANSFER FROM NO. 31-C			Registration Number, if PAC
Addiess	Type*		1 1 0 6 0 7 \$20.85
City	State OH	Zip Code	Form (Cash, Check, etc.)  CASH
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		- I	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type•		M D V Amount
City	State OH	Zτρ Code	Form (Cash, Check, etc.)
Full Name	<del></del>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zıp Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	RE	A STATE OF THE STA	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type'		
City	State	Zip Cede	Form (Cash, Check, etc.)

20.85

Page Total \$

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, 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.