

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Citizens for Tom Kneeland							
Full Name Thomas R. Kneeland				Registration Number, if PAC			
Address 123 Serran Drive	Type* L   N		M 0   8	D 1   2	Y 1   4	Amount 100.00	
City Gahanna	State O   H	Zip Code 43230	Form(Cash,Check,etc) Cash				
Full Name Thomas R. Kneeland				Registration Number, if PAC			
Address 123 Serran Drive	Type* L   N		M 1   2	D 2   5	Y 1   4	Amount 10,000.00	
City Gahanna	State O   H	Zip Code 43230	Form(Cash,Check,etc) Check				
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			
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)				
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			
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)				

\* 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.