

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full KNEELAND FOR COUNCIL					
Full Name THOMAS & REBECCA KNEELAND				Registration Number, if PAC	
Address 123 SERRAN DRIVE		Type* L N	M 1	D 0	Y 2
City GAHANNA		State O H	Zip Code 43230		Amount 1,058.05
Form(Cash,Check,etc) CASH					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
City		State	Zip Code		
Form(Cash,Check,etc)					

Full Name					
Address				Type*	
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.

Page Total \$ 1,058.05