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R.	C.	351	7.1	0(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Tall								
Name of Comunities in Full KNEELAND FOR COUNCIL					_			
KNEELAND FOR COUNCIL Full Name					ber, if PAC	С		
THOMAS & REBECCA KNEELAND		_	L			<u> </u>		
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City	State 	Dip code	mi(C		,200)			
Full Name	Registra	ition Nur	nber, if PA	AC.				
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Address	Type*	maria de la compañía de la compañía La compañía de la co	М	D	Y	Amount		
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City	State	Zip Code	Form(C	Cash,Chec	k,etc)	* * * * * * * * * * * * * * * * * * *		
						4.5		
	1 7 10 1 1	Cal Cal T. D. 111	Dr. C.	<u> </u>	1 1 1	le the		

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

Page Total \$ 1.058.05

^{*} 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.