Page	200	

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Karnes For Sheriff Committee	Annual Control of the		-		***************************************			
Full Name			Registrati	ion Numl	ber, if PA	C		
Fifth Third Bank - Central Ohio								
Address	Type*		М	D	1 1	Amount		
PO Box 182026	I N		0   7	1 1	0   8	I	2.21	
City	State	Zip Code	Form(Cas					
Columbus	ОН	43218	1		posit			
Full Name		1 10-10			ber, if PA	C	e Partie (STANCE STA	
					, • •			
Fifth Third Bank - Central Ohio	Type*		М	D	Y	Amount		
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PO Box 182026	I N	Zin Code	0 8 Form(Cas	1 3 sh CL	eto)		2.09	
City	State	Zip Code						
Columbus	O H	43218			posit			
Full Name	_		Kegistrat	ion Num	ber, if PA	·C		
Fifth Third Bank - Central Ohio								
Address	Type*		М	D	Y	Amount		
PO Box 182026	IN						2.31	
City	State	Zip Code	Form(Ca:	sh,Check	k,etc)			
Columbus	OH	43218			posit			
Full Name					ber, if PA			
Fifth Third Bank - Central Ohio								
Address	Type*		М	D	Y	Amount		
PO Box 182026	I N		14		0 8		2.02	
	State	Zip Code	Form(Ca			SESSECTION OF THE PROPERTY OF		
Columbus	_   TT	43218						
Columbus	IO H	1 40210		Direct Deposit Registration Number, if PAC				
Full Name				Registration Number, if PAC				
			N4	r.	T v	Amount	-	
Address	Type*		М	D	Y	Amount		
				<u> </u>	<u></u>			
Cíty	State	Zip Code	Form(Ca	ish,Checl	к,etc)			
Full Name				tion Num	nber, if PA	/C		
Address	Type*		М	D	Y	Amount		
				Liberty				
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
	799							
Full Name			Registrat	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
Audi 655	1 3 pc					1		
o:	6: :	Zin Codo	Form/C	ash,Chec	k etc)	4		
City	State	Zip Code	Form(Ca	uon,CHEC	к,ого)			
Full Name	Registration Number, if PAC							
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Address	Type*		М	D	Y	Amount		
			and the second					
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
	The second secon		and the second s					

Page Total \$ 9.13

<sup>\*</sup> 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.