

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee							
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 1	Y 1	Amount 87.69
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 2	Y 1	Amount 85.88
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 3	Y 1	Amount 76.37
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 4	Y 1	Amount 83.42
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 5	Y 1	Amount 75.57
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 6	Y 1	Amount 86.19
City Columbus		State O H		Zip Code 43218		Form(Cash,Check,etc) Direct Deposit	
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.