

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 D Y 0 7 1 3 0 6	Amount 86.96	
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 D Y 0 8 1 3 0 6	Amount 82.76	
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 D Y 0 9 1 3 0 6	Amount 93.40	
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 D Y 1 0 1 3 0 6	Amount 85.92	
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 D Y 1 1 1 3 0 6	Amount 84.77	
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 D Y 1 2 1 3 0 6	Amount 74.93	
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.