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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	_						·	
Karnes For Sheriff Committee								
Full Name			Dagietre	ation Nur	-har	:CDV		
Fifth Third Bank - Central Ohio			Registiz	ation ivui	noer,	II PA	C	
Address	Type*		М	D	7	(Amount	
PO Box 182026	IN		0 3	1 3	0	8	8.	35
City	State	Zip Code		ash,Chec				
Columbus	O H	43218	Dire	ect De	oge	sit		
Full Name	Registration Number, if PAC							
Address	Type*		М	D	\ \ \	7	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc))		
Full Name			Registra	ation Nun	nber,	if PA	C	
Address	Type*		M	D	Y	?	Amount	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registra	ition Nun	nber, i	f PA	C	
Address	Type*		М	D	Y	7	Amount	
			. 1					
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y		Amount	
City	2: .	<i>a</i> : 0.1	2 (2		<u>L</u>			
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City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M 	D 	Y		Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Full Name	<u> </u>	<u> </u>	Registrat	tion Num	ber, i	f PAC		
Address	Type*		M	D	Y	1	Amount	\dashv
			141		'	ľ	anount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
* The sales as Law 1 to 1 mg 11 to 2 to 1								

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

Page Total \$ _____8.35

^{*} 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,