

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 P O Box 182026		Type* I N				M	D	Y	Amount
						0	1	1	0
						0	8		
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 P O Box 182026		Type* I N				M	D	Y	Amount
						0	2	1	3
						3	8		
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
									0.00
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC			
Address		Type*				M	D	Y	Amount
									0.00
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC			
Address		Type*				M	D	Y	Amount
									0.00
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC			
Address		Type*				M	D	Y	Amount
									0.00
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC			
Address		Type*				M	D	Y	Amount
									0.00
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.

Page Total \$ 30.37