1	Ų	31-A-2
		R.C. 3517.10(B)

Statement of Other Income Prescribed by Secretary of State 2/01

Page 1

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*		M D Y Amount 0 7 1 3 1 1 \$0.53
City Columbus	State OH	Zip Code 43218	Form (Cash, Check, etc.) Direct Deposit
Full Name			Registration Number, if PAC
Fifth Third Bank - Central Ohio			
Address	Type*	Market Comments of the	M D Y Amount
PO Box 182026	IN _		0 8 1 2 1 1 \$0.50
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43218	Direct Deposit Registration Number, if PAC
Full Name	registration (various, it fac		
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u></u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	IN State	Zip Code	Form (Cash, Check, etc.)
	OH		
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 OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	-	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.)

1.03 Page Total \$

^{*} 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, 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.