

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* IN		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43218	Form (Cash, Check, etc.) Direct Deposit		Amount \$0.53
Full Name Fifth Third Bank - Central Ohio			Registration Number, if PAC		
Address PO Box 182026	Type* IN		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43218	Form (Cash, Check, etc.) Direct Deposit		Amount \$0.50
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.