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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

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Name of Committee in Full									
Karnes For Sheriff Committee Full Name			Dagietre	tion Num	ber if D	×	ground the transmission of the second		
Fifth Third Bank - Central Ohio					Registration Number, if PAC				
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		<u> </u>							

<sup>\*</sup> 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.