31-A-2
R.C. 3517.10(B)

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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			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
Address	Type*		Date	
P O Box 182026	I N		07 13 07	44.59
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
P O Box 182026	I N		08 13 07	46.71
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
P O Box 182026	I N		09 13 07	33.58
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
P O Box 182026	I N		10 12 07	26.14
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
P O Box 182026	I N		11 13 07	23.30
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Fifth Third Bank - Central Ohio				
P O Box 182026	I N		12 13 07	18.86
Columbus	O H	43218	Form(Cash,Check,etc) Direct Deposit	
Full Name			Registration Number, if PAC	
Full Name			Registration Number, if PAC	

* 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

193.18