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| | |

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|---|--|---|--------------------------|--------------------------|--|--------------------------|--|
| Karnes For Sheriff Committee | | | | | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | | |
| Thomas A and Debbie Coughlin | | | | | | | |
| Street Address | Employer/Occup | oation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| 4550 Big Plain Circleville Road | | | | | | Cashiers Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| London | OH | 43140-8849 | 0 1 | 1 9 | 1 0 | 500.00 | |
| Full Name of Contributor | ber, if PA | С | | | | | |
| | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) | | | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | Registra | ation Nun | iber, if PA | .C | | | |
| | | | | | | | |
| Street Address | Employer/Occu, | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | | | | T | T | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | ĻĻ | 1 'CD' | | |
| Full Name of Contributor | | | Registra | ation Nun | nber, if PA | .C | |
| | | notion/I -1 O | | | 30 Amelia anno agus agus agus agus agus agus agus agus | Form (Cash, Check, etc.) | |
| Street Address | Employer/Occu | pation/Labor Organization | | | | TOTH (Cash, Check, etc.) | |
| | 0 | Tin Codo | NA. | D | Y | Amount | |
| City | State | Zip Code | M | ٦ ا | | ranount | |
| 200 | | | Dariet | ation Num | nber, if PA | C | |
| Full Name of Contributor Regis | | | | | | | |
| C 4 A J J | Form (Cash, Check, etc.) | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | | | | (Saon, Shoon, stor) | |
| Cin | State | Zip Code | М | D | Y | Amount | |
| City | State | 1.,, 00.00 | | | | | |
| Full Name of Contributor | | | Registr | ation Nur | nber, if PA | \C | |
| an rand of conditioner | | | | | | | |
| Street Address | | *************************************** | Form (Cash, Check, etc.) | | | | |
| | | pation/Labor Organization | | | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | 484 | | |
| Full Name of Contributor | | | Registr | ration Nur | mber, if PA | AC | |
| | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | | 4 | | | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor Registration Number, if PA | | | | | | AC | |
| | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| | | | | | | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 500.00