Page_	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					<u></u>				·		
Karnes For Sheriff Committee											
To Whom Paid					М	D	Y	Amount			
Homereach Hospice									260.00		
Address	Purpose										
OhioHealth Foundation 180 E Broad St		natio									
City	Sta		Zip Code	304 5	Check	Number	_	2			
Columbus	Ω	<u> </u>	$\frac{1}{1}$	3215		1245		n de la	1000		
To Whom Paid					М	D	Y	Amount	4 = 00 00		
Franklin County Democratic Party					$1 \mid 2$	0 7	$1 \mid 0$		1,500.00		
Address	Purpose										
271 East State Street	2011 Officeholder Investment					Check Number					
City	l 1		Zip Code	201 F	Check				A		
Columbus	Ω	[-]	4,	3215		1246		, T			
To Whom Paid					M	D	Y	Amount	0.00		
Address	Dumose				1			<u> </u>	0.00		
Address	Purpose										
City	Sto	ıta .	Zip Code		Check Number						
Cny	State Zip Code				CHECK	Number		200			
To Whom Paid			<u></u>		М	D	Y	Amount	# 1 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10 whom I are					'''	1 ~	1	иношк	0.00		
Address	Purpose					<u> </u>	1.1.	<u> </u>	0.00		
	1: mposo										
City	State Zip Code				Check	Number		g = 1 ()	All a		
	1		[1.			
To Whom Paid	·············		ь		М	D	Y	Amount	THE DISTRICT		
						Ī		1	0.00		
Address	Purpose				-	1	<u> </u>	•	0.00		
City	Sta	State Zip Code			Check Number			2 200	S Call Section		
					İ						
To Whom Paid		-	*	•	М	D	Y	Amount	15 ()		
							l		0.00		
Address	Ригроѕе										
City	State Zip Code				Check Number						
									" 如果 这一种。		
To Whom Paid					M	D	Y	Amount			
								<u> </u>	0.00		
Address	Purpose										
City	Sta	State Zip Code			Check Number			NEW TOP	The state of the s		
			<u> </u>						學是實際		
To Whom Paid					М	D	Y	Amount			
Address	In							<u> </u>	0.00		
riumess	Purpose										
City	ļ <u>-</u> -		Tation I					7			
	Stz	ite	Zip Code		Check	Number			1		
	<u> </u>		<u> </u>		I			1 30 K W 13	E . A .		