Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Karnes For Sheriff Committee								
Full Name of Contributor								
Patrick L Welling								
Street Address					Ţ	D	Y	Amount
418 Brandy Hill Avenue					6	0 5	0 6	125.00
City	St	ate	Zip Code	Form (Cash,	, Check,	etc)	
Pickerington	0	H	43147	Che	ck			
Full Name of Contributor	•	!	•					
Street Address					T	D	Y	Amount
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City	St	ate	Zip Code	Form (Cash,	, Check,	etc)	
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Full Name of Contributor		· .	<u> </u>					
Street Address						D	Y	Amount
City	St	ate	Zip Code	Form (Cash,	, Check,	etc)	
Full Name of Contributor		1						
Street Address					T	D	Y	Amount
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City	St	State Zip Code			Cash	, Check,	etc)	
City		l		ļ				
Full Name of Contributor	<u> </u>							
The Many of Controller								
Street Address					T	D	Y	Amount
							1	
City	State Zip Code					, Check,	etc)	
chy		1						
Full Name of Contributor	<u> </u>		<u> </u>					
run Manie of Contributor								
Street Address					7	D	Y	Amount
						i	1	
GL.		ate	Zip Code	Form (Cash	, Check,	etc)	
City	,	1	Zip Code		,	,,	,	
	<u> </u>	1		<u> </u>		-		
The above are employees of a unit or department under the direct supervise	ion or co	ntrol of	James A	A Ka	rn	es	. v	ho currently holds the public office
The above are employees of a unit or department under the direct supervisor	sion or co	illiot of	<u>juines r</u>	1 1 1 1			—	ac turinay icias are prove a
of Franklin County Sheriff . I hereby affirm that of	each cont	ribution v	vas voluntarily made.					
(Signature of Treasure	er or Dep	uty Treas	surer)					
Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee								tal employee
contributions from form No. 31-G."								
							Pa	ge Total \$ 125 00