

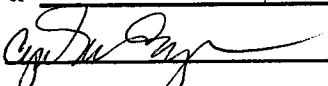
Contributors in Officeholder's Employ

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			M	D	Y	Amount
418 Brandy Hill Avenue			0	6	0	125.00
City		State	Zip Code		Form (Cash, Check, etc)	
Pickerington		O	H 43147		Check	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	

The above are employees of a unit or department under the direct supervision or control of James A Karnes, who currently holds the public office

of Franklin County Sheriff. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-B, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 125.00