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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			Registr	ation Nur	nber, if P	AC.	
Contributions of \$25 or less			Transport				
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			- I		!	0.00	
Full Name of Contributor		•	Registr	ation Nun	nber, if Pa	AC	
Contributions From Form 31G (In Of	ficeholders	Employ)	Ċ				
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
				<u> </u>		855.00	
Full Name of Contributor	nber, if Pa	AC					
Contributions From Form 31E (June 2007)							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
		la: o l	- 1 3,7-	T 5	T		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributes			D		-lGD	17,785.00	
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC .	
Street Address	Employer/Occi	pation/Labor Organization				Form (Cash, Check, etc.)	
Sacci Addices	Employen occi	ipation/Eason Organization				rom (cash, check, cic.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
			1	i	!		
Full Name of Contributor			Registr	ation Nun	ber, if P	AC	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if P						AC .	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>	<u> </u>	<u> </u>	
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
	Te 1 6					F (0.1.0)	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
Ci	State	Zin Codo	1 1/	I D	Ιν	A	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Pagistr	ntion Mun	her if D	A.C.	
Full Name of Contributor Registration Number, if PAC						10	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
	Zingio, o companion Duoi o ganization			Sim (Subil, Sibol, Sto.)			
City	State	Zip Code	М	D	Y	Amount	
L	1	1			<u> </u>	1	

Page Total \$ 18,640.00

^{*} 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)