Page			
	Page.		

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			*********************				
Karnes For Sheriff Committee							
Full Name of Contributor	Employer Occ	upation, Labor Organization *	Registra	tion Nun	ther if P	AC	
John L Clarke	Employer, occ	Appraiser	Registration Number, if PAC				
Street Address	Description of		M	D	Y	Fair Market Value	
6600 Hall Road		ental Election Night	1		1	<b>I</b>	555.56
City	State	Zip Code		Received at Fundraising Event?			
Galloway	O H		Trocorre	YES		No	
Full Name of Contributor	anna ann an ann an an an an an an an an	upation, Labor Organization *	Registra	ation Nun	her if P	THE PROPERTY OF THE PROPERTY O	
Tun value of Controllor	Employer, Occ	upation, Labor Organization	Registra	ation ivan	1001, 11 1	AC	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	0.00
City	State	Zip Code	Receive	d at Fund	Iraising E	Event?	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	L				
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	0.00
City	State	Zip Code	Receive	d at Fund	Iraicina F	Event?	0.00
City	State	Zip Code	Receive	YES	naising 1	NO	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	0.00
City	State	Zip Code	Receive	d at Fund	draising I	Event?	0.00
				YES	Ozenne perzenn	NO	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	ation Nun	nber, if P	AC	
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	
				AL I THE ALL			0.00
City	State	Zip Code	Receive	d at Fund	traising I	Event?	
				YES		NO	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	ation Nun	nber, if P	AC	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	
			***************************************				0.00
City	State	Zip Code	Receive	d at Fund	draising I	Event?	0.00
		<i>'</i>		YES		NO	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
C'.	9, 7,	7: 0 1	n	1.15		3 42	0.00
City	State	Zip Code	Receive	d at Fund YES	araising i	svent?	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	ation Nun	nber, if P	PAC	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	0.00
City	State	Zip Code	Receive	ed at Fund	draising !	Event?	0.00
	, State			YES		NO	

Page Total \$	555.56
---------------	--------

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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)]