

Statement of Contributions Received

Prescribed by Secretary of State 2/01

lame of Committee in Full							
Karnes For Sheriff Committee				Registration Number, if PAC			
ull Name of Contributor			Kegisuaa	OII I TUIII	, II		
Robert E Taylor		Organization*	M	D	Y	Amount	
treet Address	Employer/Occupation/Labor Organization*		ž į	1	0 6	100.00	
445 Village Drive	[2] O. 1		0 8 3 1 0 6 Form(Cash,Check,etc)			100,00	
City	i l	Zip Code	1	Check		The state of the s	
Columbus	OH	43214			ber, if PA	C	
Full Name of Contributor			Registrati	ion ivum	uei, ii i A		
John E Hykes					T	Amount	
Street Address	Employer/Occupation/Labor Organization*		М	D		100.00	
1865 Torchwood Drive			0 8	3 1	0 6	100.00	
City	State	Zip Code	Form(Ca				
Columbus	$O \mid H \mid$	43229		Checl			
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC .	
Daniel Tobin							
Street Address	Employer/Occupa	tion/Labor Organization*	М	D		Amount	
	100		0 9	1 4	0 6	500.00	
4568 Gateway Drive	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
City A. Haraton	ОН	43220	Check		k	ALCO STATE	
Upper Arlington			Registration Number, if PAC			AC .	
Full Name of Contributor							
Street Address	Employer/Occupa	Form (Cash, Check, etc.)					
	State	Zip Code	М	D	Y	Amount	
City							
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC	
Street Address	Employer/Occup	Form			Form (Cash, Check, etc.)		
	State	Zip Code	М	D	Y	Amount	
City	State	ZAP COUL	1 1				
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
						Form (Cash, Check, etc.)	
Street Address	Employer/Occup				Form (Cash, Cheek, etc.)		
City	State	Zip Code	М	D	Y	Amount	
City			-				
Full Name of Contributor			Registra	ation Nu	mber, if P	AC	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, et			
			1 1/	TB	Y	Amount	
City	State	Zip Code	M	D	1	Ainoun	
			Registr	ation Nu	mber, if P	AC	
Full Name of Contributor							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
i				T =	T V	Amount	
City	State	Zip Code	М	D	Y	Amount	
* Propried for contributions over \$100 to statewide and 9						<u> </u>	

* 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)

Page Total \$ 700.00