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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			<u></u>	.:			
Karnes For Sheriff Committee							
Full Name of Contributor						.C	
Columbus Firefighters Union L-67 PA	C Fund		PA	PAC Fund No LA 839			
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
1380 Dublin Road - Suite 103	Labor Organization					Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	0 1	43123	0 6	0 4	0 7	200.00	
Full Name of Contributor					ber, if PA		
Contributions from Form 31-E							
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		!			1	500.00	
Full Name of Contributor			Registra	ation Nun	ber, if PA		
Tail Name of Conditions					,		
Street Address	Employer/Oc	cupation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
Succe Audices	Employe.	oupution factor organization				2 on (Casa, Carring Civi)	
Ci	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	1 141		1 1	Amount	
			b · ·	. N	1		
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .	
Street Address	Employer/Oc	cupation/Labor Organization*	ı			Form (Cash, Check, etc.)	
						·	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	iber, if PA	ıC .	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ntion Num	iber, if PA	C	
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1 1			1			
Full Name of Contributor	<u> </u>		Registra	tion Nun	ber, if PA	C	
					,		
Street Address	Employer/Oc	cupation/Labor Organization*	L			Form (Cash, Check, etc.)	
outer radios	Employor, Co.	Jupanon Labor Organization				Tomir (cash, cheek, etc.)	
City	State	Zip Code	М	l D	Y	Amount	
CRY	State	Zip Code	M		1 '	Amogni	
2.1137					1 100		
Full Name of Contributor			Registra	uon Nun	ber, if PA	L .	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check			Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$	700.00