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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

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Name of Committee in Full					_		······································
Karnes For Sheriff Committee							
Full Name of Contributor							
Leif P Bickel							
Street Address				M	D	Y	Amount
23483 Smith-Hulse Road				0 1	2 9	0 8	100.00
City	Si	tate	Zip Code	Form (Ca	sh, Check,		
Circleville	0	H	43113	Check	(
Full Name of Contributor							
Street Address				М	D	Y	Amount
City	St	ate	Zip Code	Form (Ca	sh, Check,	etc)	
Full Name of Contributor		·					
Street Address				М	D	Y	Amount
City	St	ate	Zip Code	Form (Ca	sh, Check,	etc)	
Full Name of Contributor			_L				
Street Address				М	D	Y	Amount
City	St	ate	Zip Code	Form (Cas	sh, Check,	etc)	
		1					
Full Name of Contributor	I		<u> </u>				
Street Address				М	D	Y	Amount
City	St	ate	Zip Code	Form (Cas	h, Check,	etc)	
		1					
Full Name of Contributor			L				
Street Address				M	D	Y	Amount
City	Sta	ate	Zip Code	Form (Cas	h, Check,	etc)	
The above are employees of a unit or department under the direct	supervision or con	trol of	Ĭа	mes A. Karı	nes	, wh	o currently holds the public offic
T 11 0 0 11						— ′ ¯	,
of Franklin County Sheriff I hereby affi	rm that each contr	ibution v	vas voluntarily made.				
Cycle (Signature of	Treasurer or Depu	ity Tress	urer)				
fransfer total employee contributions to Form No. 31-A or 31-E,	if received at a soc	cial or fu	ndraising event. Under	"Full Name of Conti	ributor" s	tate "Tota	l employee
contributions from form No. 31-G."							Table
						Page	**Total \$100.00