Page	

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Karnes For Sheriff Committee								
Full Name of Contributor Re					Registration Number, if PAC			
Contributions From Form No 31-E	T10	motion/Labor Organization	Form (Cash, Check, etc.)					
Street Address	Employer/Occi	Employer/Occupation/Labor Organization				roini (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			1			1,200.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Total Employee Contributions From 1	Form No 31	l-G		Maria de la companio				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization Fo						
			- 1 3.	1 5	T 17			
City	State	Zip Code	М	D	Y	Amount 0.00		
			Registra	tion Nur	ther if PA			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	apation/Labor Organization	700-0000000000000000000000000000000	Form (Cash, Check, etc.)				
		Simple of the second se						
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	ition Nun	nber, if Pa	AC		
				224 CONTRACTOR STATE OF THE PARTY OF THE PAR				
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)		
	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	141			, mount		
Full Name of Contributor			Registra	ation Nun	nber, if P	AC .		
I di Pano di Contiducti								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>	nber, if P.			
Full Name of Contributor	AC							
Control Address	Employer/Occ	Form (Cash, Check, etc.)						
Street Address	Employer/Occupation/Labor Organization Form (Cash, Check, etc.)							
City	State	Zip Code	М	D	Y	Amount		
	999	,						
Full Name of Contributor	······································		Registra	ation Nu	nber, if P	AC		

Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
				1 -	1			
City	State	Zip Code	М	D	Y	Amount		
E II New of Contributor			Regietr	ation No	mber if P	l AC		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
5.100. 7.10g/000								
City	State	Zip Code	М	D	Y	Amount		

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* 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 \$ 1,200.00