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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Karnes For Sheriff Committee Full Name of Contributor			In the		1 105	~		
					Registration Number, if PAC			
Daniel L Tobin	T=							
Street Address	Employer/Occi	pation/Labor Organization				Form (Cash, Check, etc.)		
4586 Gateway Drive								
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	O   H	43220	0 2	1 4	0 8	500.00		
Full Name of Contributor			Registr	ation Nun	nber, if PA	vC .		
Total Employee Contributions								
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
		<b>'</b>		1 1	L	100.00		
Full Name of Contributor		_	Registr	ation Mun	ber, if PA			
I iii riano di contributo.			Rogisti	ation ivan	ioci, ii i A			
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)		
Silver Address	Employer/Occi	ipation/Laudi Organization				roini (Casii, Check, etc.)		
C'i		In: 0 .		1 -	T :- :			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	iber, if PA	.C		
Street Address	Employer/Occu	pation/Labor Organization		-		Form (Cash, Check, etc.)		
	ŀ							
City	State	Zip Code	М	D	Y	Amount		
				1				
Full Name of Contributor	1		Registra	ation Nun	ber, if PA	C		
			ľ		,			
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
	Employer over				r orm (Gasii, Gilcox, Glo.)			
City	State	Zin Codo	Lw	T D	T v	A		
City	State	Zip Code	M	D	Y	Amount		
5 H.V. CO . T.		<u> </u>		<u> </u>	ber, if PA			
Full Name of Contributor	.C							
Street Address Employer/Occupation/Labor Organization Form (Cash								
City	State	Zip Code	М	D	Y	Amount .		
			1					
Full Name of Contributor			Registra	ation Nun	ber, if PA	С		
		•	1					
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)		
						` , , ,		
City	State	Zip Code	M	D	Y	Amount		
,,	State	L.p cour	"			2 milouni		
Full Name of Contributor		1	Pagistr	ation Num	ber, if PA	C		
Tail Name of Contributor			Registi	ation ivin	ioci, ii FA	.C		
eet Address Employer/Occupation/Labor Organization						F (0:1 0)		
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		

\* 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 \$ 600.00