

FILED

# Ohio Campaign Finance Report

06 JUL 31 PM 12:21

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Karnes For Sheriff Committee</b>							Registration Number, if PAC		
Full Name of Candidate <b>James A. Karnes</b>									
Street Address <b>8336 Alkire Road</b>					Office Sought <b>Franklin Co Sheriff</b>			District	
City <b>Galloway</b>					State <b>OH</b>		Zip Code		
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
	<b>X</b>	Semi Annual		August Monthly		September Monthly		Termination	<b>2006</b>
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			M	D	Y
						0	6	3	0
						0	0	6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	51,957.30
2. Total monetary contributions (From Form No. 31-A)	\$	15,990.00
3. Total other income (From Form No. 31-A-2)	\$	495.12
4. Total funds available (sum of lines 1, 2, 3)	\$	68,442.42
5. Total monetary expenditures (From Form No. 31-B)	\$	14,989.55
6. Balance on hand (line 4 minus line 5)	\$	53,452.87
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**CYNTHIA ENGRAM - TREASURER**

*[Signature]*

**7-26-05**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages 0

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>							
Full Name of Contributor <b>Contributions of \$25 or less</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>640.00</b>	
Full Name of Contributor <b>Contributions From Form 31G (In Officeholders Employ)</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>975.00</b>	
Full Name of Contributor <b>Contributions From Form 31E (June 2006)</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>14,375.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			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 \$ **15,990.00**

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>						
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>1</b>	Y <b>1306</b>	Amount <b>87.69</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>2</b>	Y <b>1306</b>	Amount <b>85.88</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>3</b>	Y <b>1306</b>	Amount <b>76.37</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>4</b>	Y <b>1306</b>	Amount <b>83.42</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>5</b>	Y <b>1206</b>	Amount <b>75.57</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Third Bank - Central Ohio</b>			Registration Number, if PAC			
Address <b>PO Box 182026</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>6</b>	Y <b>1306</b>	Amount <b>86.19</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43218</b>	Form(Cash,Check,etc) <b>Direct Deposit</b>			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee												
To Whom Paid Shamrock Club of Columbus						M	D	Y	Amount			
						0	1	1	3	0	6	40.00
Address PO Box 07780				Purpose Dues								
City Columbus		State O   H		Zip Code 43207		Check Number 1097						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	1	1	3	0	6	1,500.00
Address 271 East State Street				Purpose 2006 Investment - Yearly Assessment								
City Columbus		State O   H		Zip Code 43215		Check Number 1098						
To Whom Paid Franklin County Young Democrats						M	D	Y	Amount			
						0	2	0	8	0	6	50.00
Address 271 East State Street				Purpose Bowling Sponsor								
City Columbus		State O   H		Zip Code 43215		Check Number 1100						
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount			
						0	2	0	8	0	6	40.00
Address 8 E. Long Street				Purpose Ethics Filing Fee for financial disclosure								
City Columbus		State O   H		Zip Code 43215		Check Number 1101						
To Whom Paid Shamrock Club of Columbus						M	D	Y	Amount			
						0	2	0	8	0	6	100.00
Address PO Box 07780				Purpose Parade Entry Fee								
City Columbus		State O   H		Zip Code 43207		Check Number 1102						
To Whom Paid Columbus Rec and Parks Department						M	D	Y	Amount			
						0	2	2	1	0	6	360.00
Address 420 W. Whittier Street				Purpose Team Sponsorship								
City Columbus		State O   H		Zip Code 43215		Check Number 1103						
To Whom Paid Ohio State University - Athletic Ticket Office						M	D	Y	Amount			
						0	3	2	0	0	6	1,118.00
Address 555 Berror Drive				Purpose Season Football Tickets and Parking								
City Columbus		State O   H		Zip Code 43210		Check Number 1107						
To Whom Paid FOP						M	D	Y	Amount			
						0	2	2	1	0	6	50.00
Address 520 S. High Street				Purpose Bowl-a-thon								
City Columbus		State O   H		Zip Code 43215		Check Number 1104						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>												
To Whom Paid <b>United Way of Central Ohio</b>						M	D	Y	Amount			
						0	3	1	0	0	6	80.00
Address <b>360 S. Third Street</b>				Purpose <b>George Meany Awards dinner</b>								
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>		Check Number <b>1106</b>						
To Whom Paid <b>Statement of Expenditures from Form 31-F</b>						M	D	Y	Amount			
									11,651.55			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
									0.00			

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Karnes For Sheriff Committee							
Full Name of Contributor				Registration Number, if PAC			
Craig R Raphael							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1603 Green Frair Dr			0	6	0	30.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43228	Check				
Full Name of Contributor				Registration Number, if PAC			
James M Mental							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
653 Crescent Road			0	6	0	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43204	Check				
Full Name of Contributor				Registration Number, if PAC			
Carpenters Local Union #200 PCE				#200 PCE			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1545 Alum Creek Dr	Labor Organization		0	5	2	1,100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43209	Check				
Full Name of Contributor				Registration Number, if PAC			
Mike Vernon							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5267 W. Broad			0	6	1	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43228	Cash				
Full Name of Contributor				Registration Number, if PAC			
Pete Denlinger							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
142 Summit			0	6	1	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Westerville	O   H	43081	Cash				
Full Name of Contributor				Registration Number, if PAC			
Fred Rakes							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1749 White Road			0	6	1	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Grove City	O   H	43123	Cash				
Full Name of Contributor				Registration Number, if PAC			
Bob Steele							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2607 Geyerwood			0	6	1	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Grove City	O   H	43123	Cash				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$4,375.00

Total expenditures this event

11651.55

Page Total \$ 1,580.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC			
Karnes For Sheriff Committee					
Full Name of Contributor Molly Speakman		Registration Number, if PAC			
Street Address 2375 Woodbrooke Circle N Condo C	Employer/Occupation/Labor Organization*	M	D	Y	Amount
		0	6	1	100.00
City Columbus	State O   H	Zip Code 43223	Form(Cash,Check,etc) Cash		
Full Name of Contributor Dennis Steele		Registration Number, if PAC			
Street Address 7954 Harmill Drive		M	D	Y	Amount
		0	6	1	100.00
City Dublin	State O   H	Zip Code 43016	Form(Cash,Check,etc) Cash		
Full Name of Contributor Dana Hale		Registration Number, if PAC			
Street Address 96 N Hartford Avenue		M	D	Y	Amount
		0	6	1	100.00
City Columbus	State O   H	Zip Code 43222	Form(Cash,Check,etc) Cash		
Full Name of Contributor Andy Hale		Registration Number, if PAC			
Street Address 96 N Hartford Avenue		M	D	Y	Amount
		0	6	1	100.00
City Columbus	State O   H	Zip Code 43222	Form(Cash,Check,etc) Cash		
Full Name of Contributor Donnie Long		Registration Number, if PAC			
Street Address 197 W Columbus St		M	D	Y	Amount
		0	6	1	100.00
City Lithopolis	State O   H	Zip Code 43136	Form(Cash,Check,etc) Cash		
Full Name of Contributor Donnie Davis		Registration Number, if PAC			
Street Address 23 Wood Avenue		M	D	Y	Amount
		0	6	1	100.00
City Columbus	State O   H	Zip Code 100	Form(Cash,Check,etc) Cash		
Full Name of Contributor Tim Duffey		Registration Number, if PAC			
Street Address 6333 Frost Road		M	D	Y	Amount
		0	6	1	100.00
City Columbus	State O   H	Zip Code 43228	Form(Cash,Check,etc) Cash		

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Karnes For Sheriff Committee			
Full Name of Contributor David Lancione, LLC - Attorney at Law		Registration Number, if PAC	
Street Address 1041 Summit Street	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   8   0   6	Amount 100.00
City Columbus	State   Zip Code O   H   43201	Form(Cash,Check,etc) Check	
Full Name of Contributor J Gregory Hart		Registration Number, if PAC	
Street Address PO Box 298 - 2417 DARBY CREEK RD	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   1   0   6	Amount 190.00
City Galloway	State   Zip Code O   H   43119	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Tipps		Registration Number, if PAC	
Street Address 137 East State Street	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   2   0   6	Amount 250.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Timmons		Registration Number, if PAC	
Street Address 3773 Mill Stream Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   1   0   6	Amount 230.00
City Hilliard	State   Zip Code O   H   43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Ralph E Casto		Registration Number, if PAC	
Street Address 1010 Rousseau Ln.	Employer/Occupation/Labor Organization*	M   D   Y 0   5   1   0   0   6	Amount 30.00
City Galloway	State   Zip Code O   H   43119	Form(Cash,Check,etc) Check	
Full Name of Contributor Desiree Dardio Wills		Registration Number, if PAC	
Street Address 7177 Stahl Road	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   2   0   6	Amount 100.00
City Orient	State   Zip Code O   H   43146	Form(Cash,Check,etc) Check	
Full Name of Contributor David A Shaffer		Registration Number, if PAC	
Street Address 1350 Oxley Road	Employer/Occupation/Labor Organization*	M   D   Y 0   4   2   7   0   6	Amount 100.00
City Columbus	State   Zip Code O   H   43212	Form(Cash,Check,etc) Check	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$	<u>1,000.00</u>
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Karnes For Sheriff Committee			
Full Name of Contributor Robert L Oppenheimer		Registration Number, if PAC	
Street Address 811 Wakeman Court	Employer/Occupation/Labor Organization*	M   D   Y 0   4   2   7   0   6	Amount 100.00
City Westerville	State   Zip Code O   H   43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Rhett C Ricart		Registration Number, if PAC	
Street Address <del>PO Box 27130</del> 1661 WINDWAY CT.	Employer/Occupation/Labor Organization*	M   D   Y 0   4   2   7   0   6	Amount 100.00
City Columbus BLACKLICK	State   Zip Code O   H   4300-43227	Form(Cash,Check,etc) Check	
Full Name of Contributor Eda M Champ		Registration Number, if PAC	
Street Address 34 Keene Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   5   0   9   0   6	Amount 100.00
City Westerville	State   Zip Code O   H   43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald F Brosius		Registration Number, if PAC	
Street Address 2481 Sherwood Road	Employer/Occupation/Labor Organization*	M   D   Y 0   4   2   6   0   6	Amount 100.00
City Columbus	State   Zip Code O   H   43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul W Grossman		Registration Number, if PAC	
Street Address 2420 Johnston Road	Employer/Occupation/Labor Organization*	M   D   Y 0   4   2   7   0   6	Amount 125.00
City Columbus	State   Zip Code O   H   43220	Form(Cash,Check,etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 525.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Karnes For Sheriff Committee			
Full Name of Contributor		Registration Number, if PAC	
Old Trail Inn		Drive Fund	
Street Address	Employer/Occupation/Labor Organization*	M	D
72 S Grener Road		0	6
City	State	Y	Amount
Columbus	O   H	0	1,200.00
	Zip Code	6	
	43228	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Teamsters Local Union No 413		Drive Fund	
Street Address	Employer/Occupation/Labor Organization*	M	D
555 E Rich Street	Labor Organization	0	5
City	State	1	Amount
Columbus	O   H	7	100.00
	Zip Code	0	
	43215	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Columbus Firefighters Union L-67 PAC Fund		PAC Fund No. LA 839	
Street Address	Employer/Occupation/Labor Organization*	M	D
1380 Dublin Road Suite 103	Labor Organization	0	6
City	State	0	Amount
Columbus	O   H	5	375.00
	Zip Code	0	
	43215	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
IBEW - COPE		Qual MultiCandidate Committee	
Street Address	Employer/Occupation/Labor Organization*	M	D
900 Seventh Street NW	Labor Organization	0	5
City	State	1	Amount
Washington	D   C	7	600.00
	Zip Code	0	
	20001	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Robert R Reed & Associates			
Street Address	Employer/Occupation/Labor Organization*	M	D
52 W Whittier St		0	5
City	State	3	Amount
Columbus	O   H	1	1,000.00
	Zip Code	0	
	43206	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Hall of Fame Marketing			
Street Address	Employer/Occupation/Labor Organization*	M	D
929 Harrison Avenue, Suite 201		0	5
City	State	1	Amount
Columbus	O   H	8	100.00
	Zip Code	0	
	43215	6	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Fraternal Order of Police		Political Education Fund	
Street Address	Employer/Occupation/Labor Organization*	M	D
520 S High Street - Suite 205	Labor Organization	0	5
City	State	0	Amount
Columbus	O   H	8	100.00
	Zip Code	0	
	43215	6	
		Form(Cash,Check,etc)	
		Check	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,475.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Karnes For Sheriff Committee						
Full Name of Contributor			Registration Number, if PAC			
Christopher T Cicero Attorney At Law						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1308 W. Mound Street			0	5	2	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43223	Check			
Full Name of Contributor			Registration Number, if PAC			
Janet L. Hale						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6637 Merwin Road			0	6	0	500.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43235	Check			
Full Name of Contributor			Registration Number, if PAC			
Charlene M. Jones						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5404 Latrobe Street			0	6	0	30.00
City	State	Zip Code	Form(Cash, Check, etc)			
Westerville	O   H	43081	Check			
Full Name of Contributor			Registration Number, if PAC			
Vanessa B. Sutton						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5740 Rarey Ave W			0	5	3	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Groveport	O   H	43125	Check			
Full Name of Contributor			Registration Number, if PAC			
Joellen Wood						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1960 Diamondback Dr			0	5	3	700.00
City	State	Zip Code	Form(Cash, Check, etc)			
Powell	O   H	43065	Check			
Full Name of Contributor			Registration Number, if PAC			
Kenneth L Barton						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6951 Feder Road			0	5	3	500.00
City	State	Zip Code	Form(Cash, Check, etc)			
Galloway	O   H	43119	Check			
Full Name of Contributor			Registration Number, if PAC			
Arthur E Lee						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
189 N Nelson			0	5	3	790.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43219	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,870.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Karnes For Sheriff Committee						
Full Name of Contributor			Registration Number, if PAC			
Margaret A. Hambleton						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2445 Haverford Road			0	5	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43220	Check			
Full Name of Contributor			Registration Number, if PAC			
David H. McDowell						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6900 Feder Road			0	5	2	550.00
City	State	Zip Code	Form(Cash,Check,etc)			
Galloway	O   H	43119	Check			
Full Name of Contributor			Registration Number, if PAC			
James J. Shriner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3288 E. Broad Street			0	5	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43213	Check			
Full Name of Contributor			Registration Number, if PAC			
Karen Berkey						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
650 Link Road			0	5	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43213	Check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
						0.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
						0.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
						0.00
City	State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 850.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Karnes For Sheriff Committee							
Full Name of Contributor				Registration Number, if PAC			
Frank M Byers III							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5776 Royal Lytham Ct			0	6	0	6	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O   H	43017	Check				
Full Name of Contributor				Registration Number, if PAC			
Angelina Welling							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
12620 Oakmere Dr			0	6	0	5	250.00
City	State	Zip Code	Form(Cash,Check,etc)				
Pickerington	O   H	43147	Check				
Full Name of Contributor				Registration Number, if PAC			
Roy C Terry							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
508 Foxtrail Cir W			0	6	0	5	125.00
City	State	Zip Code	Form(Cash,Check,etc)				
Westerville	O   H	43081	Check				
Full Name of Contributor				Registration Number, if PAC			
Roger A Holstein							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
573 Olentangy Woods Dr			0	6	0	5	300.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43235	Check				
Full Name of Contributor				Registration Number, if PAC			
David K Deiley							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
152 Cheshire Crossing			0	6	0	5	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Deleware	O   H	43015	Check				
Full Name of Contributor				Registration Number, if PAC			
Jennifer F Schneider							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4325 Woodhall Road			0	6	0	5	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Upper Arlington	O   H	43220	Check				
Full Name of Contributor				Registration Number, if PAC			
Steven L Schirtzinger							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
7668 Blue Fescue Drive			0	6	0	5	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Westerville	O   H	43082	Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,675.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC			
Karnes For Sheriff Committee					
Full Name of Contributor Joe Berkemer		Registration Number, if PAC			
Street Address 6177 Meadowood Lane	Employer/Occupation/Labor Organization*	M	D	Y	Amount
		0	6	1206	100.00
City Columbus	State <input type="radio"/> O <input type="radio"/> H	Zip Code 43228		Form(Cash,Check,etc) Cash	
Full Name of Contributor Mike Welling		Registration Number, if PAC			
Street Address 302 Maple Place		M	D	Y	Amount
		0	6	1206	100.00
City Pickerington	State <input type="radio"/> O <input type="radio"/> H	Zip Code 43081		Form(Cash,Check,etc) Cash	
Full Name of Contributor Larry Worthington		Registration Number, if PAC			
Street Address 175 Hidden Creek Dr		M	D	Y	Amount
		0	6	1206	100.00
City Galloway	State <input type="radio"/> O <input type="radio"/> H	Zip Code 432119		Form(Cash,Check,etc) Cash	
Full Name of Contributor Larry Clark		Registration Number, if PAC			
Street Address 1335 Dubline Road., Suite 201 D		M	D	Y	Amount
		0	6	1206	100.00
City Columbus	State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		Form(Cash,Check,etc) Cash	
Full Name of Contributor John Clarke		Registration Number, if PAC			
Street Address 6600 Hall Road		M	D	Y	Amount
		0	6	1206	100.00
City Galloway	State <input type="radio"/> O <input type="radio"/> H	Zip Code 43220		Form(Cash,Check,etc) Cash	
Full Name of Contributor Sally Clarke		Registration Number, if PAC			
Street Address 6600 Hall Road		M	D	Y	Amount
		0	6	1206	100.00
City Galloway	State <input type="radio"/> O <input type="radio"/> H	Zip Code 43209		Form(Cash,Check,etc) Cash	
Full Name of Contributor Elizabeth Simanian		Registration Number, if PAC			
Street Address <del>PO Box 255</del> 1088 SYCAMORE ST		M	D	Y	Amount
		0	6	1206	100.00
City <del>Lewis Center</del> HARRISBURG	State <input type="radio"/> O <input type="radio"/> H	Zip Code <del>43126</del> 43035		Form(Cash,Check,etc) Cash	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00

Page Total \$ 700.00

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>								
To Whom Paid <b>Sandra Karnes</b>					M	D	Y	Amount
					0	2	2	7
					0	6		399.99
Address <b>8336 Alkire Road</b>			Purpose <b>Printer/Scanner/Fax/Copier</b>					
City <b>Galloway</b>		State <b>O   H</b>	Zip Code <b>43119</b>	Check Number <b>1105</b>				
To Whom Paid <b>Cynthia Engram</b>					M	D	Y	Amount
					0	3	0	9
					0	6		75.49
Address <b>6229 White Sulphur Court</b>			Purpose <b>Inkjet cartridges</b>					
City <b>Grove City</b>		State <b>O   H</b>	Zip Code <b>43123</b>	Check Number <b>1099</b>				
To Whom Paid <b>Sandra Karnes</b>					M	D	Y	Amount
					0	4	2	7
					0	6		117.00
Address <b>8336 Alkire Road</b>			Purpose <b>Postage - Golf Outing</b>					
City <b>Galloway</b>		State <b>O   H</b>	Zip Code <b>43119</b>	Check Number <b>1108</b>				
To Whom Paid <b>Capital Awards</b>					M	D	Y	Amount
					0	5	0	3
					0	6		197.91
Address <b>5211 N. High Street</b>			Purpose <b>Golf outing awards</b>					
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	Check Number <b>1110</b>				
To Whom Paid <b>Specialty Golf</b>					M	D	Y	Amount
					0	5	0	3
					0	6		1,485.86
Address <b>1801 W. Hendersosn Road</b>			Purpose <b>Golf outing prizes</b>					
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43220</b>	Check Number <b>1109</b>				
To Whom Paid <b>Barnside Sports</b>					M	D	Y	Amount
					0	6	0	5
					0	6		3,112.50
Address <b>260 Deerfield Road</b>			Purpose <b>Golf Outing Hats, Balls, Tees</b>					
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43228</b>	Check Number <b>1111</b>				
To Whom Paid <b>Oakhurst Country Club</b>					M	D	Y	Amount
					0	6	1	2
					0	6		6,262.80
Address <b>3223 Norton Road</b>			Purpose <b>Tournament Fees and Buffet Food</b>					
City <b>Grove City</b>		State <b>O   H</b>	Zip Code <b>43123</b>	Check Number <b>1112</b>				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

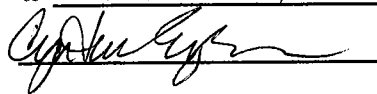
## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>Karnes For Sheriff Committee</b>							
Full Name of Contributor							
<b>Mark Allen Emmert</b>							
Street Address				M	D	Y	Amount
3543 El Paso Dr				0	6	0	125.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O   H	43204	Check			
Full Name of Contributor							
<b>Mark J. Barrett</b>							
Street Address				M	D	Y	Amount
132 Chatham Road				0	5	1	100.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O   H	43214	Check			
Full Name of Contributor							
<b>Patrick F Garrity</b>							
Street Address				M	D	Y	Amount
135 Marlene Dr				0	5	3	150.00
City		State	Zip Code	Form (Cash, Check, etc)			
Westerville		O   H	43081	Check			
Full Name of Contributor							
<b>Stephan L Martin</b>							
Street Address				M	D	Y	Amount
1306 Thurell Dr				0	6	0	100.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O   H	43229	Check			
Full Name of Contributor							
<b>Paul D. Bryant</b>							
Street Address				M	D	Y	Amount
1760 Creekside Drd				0	6	0	250.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		O   H	43223	Check			
Full Name of Contributor							
<b>Todd Tallman</b>							
Street Address				M	D	Y	Amount
963 Mueller Drive				0	6	0	125.00
City		State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg		O   H	43068	Check			

The above are employees of a unit or department under the direct supervision or control of James A Karnes, who currently holds the public office

of Franklin County Sheriff. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 850.00

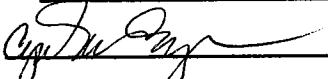
## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Karnes For Sheriff Committee										
Full Name of Contributor										
Patrick L Welling										
Street Address				M	D	Y	Amount			
418 Brandy Hill Avenue				0	6	0	5	0	6	125.00
City		State		Zip Code		Form (Cash, Check, etc)				
Pickerington		O   H		43147		Check				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address						M	D	Y	Amount	
City		State		Zip Code		Form (Cash, Check, etc)				

The above are employees of a unit or department under the direct supervision or control of James A Karnes, who currently holds the public office

of Franklin County Sheriff. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 125.00