

Ohio Campaign Finance Report 07 JUL 27 AM 11:19

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Karnes For Sheriff Committee						Registration Number, if PAC					
Full Name of Candidate James A. Karnes											
Street Address 8336 Alkire Road						Office Sought Franklin Co Sheriff			District		
City Galloway						State OH		Zip Code 43119			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
X		Semi		August		September		Termination		2007	
		Annual		Monthly		Monthly					
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	7

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	\$ 52,584.51
2. Total monetary contributions (From Form No. 31-A)	\$ 18,640.00
3. Total other income (From Form No. 31-A-2)	\$ 296.43
4. Total funds available (sum of lines 1, 2, 3)	\$ 71,520.94
5. Total monetary expenditures (From Form No. 31-B)	\$ 16,868.85
6. Balance on hand (line 4 minus line 5)	\$ 54,652.09
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 Cynthia Engram 7/25/07
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 14

Expenditure pages 4

Other pages 1

Total pages 19

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee												
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	5	2	4	0	7	15.00
Address 271 East State Street			Purpose Golf Outing Luncheon									
City Columbus		State O	H	Zip Code 43215		Check Number 1142						
To Whom Paid Syntaxis Youth Homes						M	D	Y	Amount			
						0	5	3	1	0	7	100.00
Address 5900-A Sharon Woods Blvd			Purpose Donation									
City Columbus		State O	H	Zip Code 43229		Check Number 1144						
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
									9,202.59			
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						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Karnes For Sheriff Committee												
To Whom Paid						M	D	Y	Amount			
All American Trophy						0	3	2	4	0	7	750.00
Address			Purpose									
3860 E Main Street			Sponsor Golden Gloves - Youth Boxing									
City		State	Zip Code	Check Number								
Columbus		O H	43213	1132								
To Whom Paid						M	D	Y	Amount			
The Ohio State University						0	3	3	0	0	7	1,135.00
Address			Purpose									
555 Borrer Drive			2007 Football Season Tickets									
City		State	Zip Code	Check Number								
Columbus		O H	43210	1133								
To Whom Paid						M	D	Y	Amount			
Ohio Ethics Commission						0	4	1	0	0	7	40.00
Address			Purpose									
8 East Long Street, Tenth Floor			Ethics Filing Fee for financial disclosure									
City		State	Zip Code	Check Number								
Columbus		O H	43215	1134								
To Whom Paid						M	D	Y	Amount			
Gahanna United Lions						0	4	1	0	0	7	550.00
Address			Purpose									
432 Clemson St			Sponsorship									
City		State	Zip Code	Check Number								
Gahanna Ohio 43230		OH	43230	1136								
To Whom Paid						M	D	Y	Amount			
Gahanna U 12 Ladies Lions						0	4	1	0	0	7	550.00
Address			Purpose									
7155 Fox Lake Dr			Sponsorship									
City		State	Zip Code	Check Number								
Blacklick		O H	43004	1137								
To Whom Paid						M	D	Y	Amount			
Central Ohio Labor Council						0	4	1	8	0	7	100.00
Address			Purpose									
1545 Alum Creek Drive			Hole Sponsorship									
City		State	Zip Code	Check Number								
Columbus		O H	43209	1138								
To Whom Paid						M	D	Y	Amount			
Everyon for Ed Leonard						0	4	1	8	0	7	40.00
Address			Purpose									
1480 Dublin Road			Donation									
City		State	Zip Code	Check Number								
Columbus		O H	43215	1139								
To Whom Paid						M	D	Y	Amount			
Cynthia Engram						0	5	1	7	0	7	73.87
Address			Purpose									
6229 White Sulphur Court			Printer Cartridge									
City		State	Zip Code	Check Number								
Grove City		O H	43123	1122								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Karnes For Sheriff Committee										
To Whom Paid							M	D	Y	Amount
Strickland Fisher Inauguration							0	1	0	150.00
Address			Purpose							
309 South 4 th St. Suite 100			Tickets to the Ohio Inaugural Ball							
City		State	Zip Code	Check Number						
Columbus		O H	43215	1120						
To Whom Paid							M	D	Y	Amount
Sandy Karnes							0	1	1,967.39	
Address			Purpose							
8336 Alkire Road			HP Media Ctr m7690y CTO Desktop							
City		State	Zip Code	Check Number						
Galloway		O H	43119	1123						
To Whom Paid							M	D	Y	Amount
The Shamrock Club							0	1	40.00	
Address			Purpose							
PO Box 7780			Membership							
City		State	Zip Code	Check Number						
Columbus		O H	43207	1124						
To Whom Paid							M	D	Y	Amount
Franklin County Democratic Party							0	1	1,500.00	
Address			Purpose							
271 East Main Street			2007 Investment							
City		State	Zip Code	Check Number						
Columbus		O H	43125	1125						
To Whom Paid							M	D	Y	Amount
The Shamrock Club							0	1	110.00	
Address			Purpose							
PO Box 7780			Saint Patrick Parade							
City		State	Zip Code	Check Number						
Columbus		O H	43207	1126						
To Whom Paid							M	D	Y	Amount
Hamilton Township Fire Department							0	2	50.00	
Address			Purpose							
1460 Obetz Road			Retirement Tribute							
City		State	Zip Code	Check Number						
Columbus		O H	43207	1127						
To Whom Paid							M	D	Y	Amount
United Way of Central Ohio							0	3	80.00	
Address			Purpose							
360 South Third Street			George Meany Awards							
City		State	Zip Code	Check Number						
Columbus		O H	43215	1128						
To Whom Paid							M	D	Y	Amount
City Treasurer/ CRPD Sports							0	3	375.00	
Address			Purpose							
90 West Broad, Room 111			Sponsor Softball Team							
City		State	Zip Code	Check Number						
Columbus		O H	43215	1129						

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Karnes For Sheriff Committee							
To Whom Paid				M	D	Y	Amount
Special Tee Golf				0	5	2 4 0 7	1,259.50
Address		Purpose					
1801 W. Hendersosn Road		Golf outing prizes					
City		State	Zip Code	Check Number			
Columbus		O H	43220	1140			
To Whom Paid				M	D	Y	Amount
Capital Awards				0	5	2 4 0 7	197.91
Address		Purpose					
5211 N. High Street		Golf outing awards					
City		State	Zip Code	Check Number			
Columbus		O H	43214	1141			
To Whom Paid				M	D	Y	Amount
Sandra Karnes				0	5	2 9 0 7	111.08
Address		Purpose					
8336 Alkire Road		Golf Outing Expenses					
City		State	Zip Code	Check Number			
Galloway		O H	43119	1143			
To Whom Paid				M	D	Y	Amount
Barnside Sports				0	5	0 1 0 7	795.00
Address		Purpose					
260 Deerfield Road		Golf Outing Hats					
City		State	Zip Code	Check Number			
Columbus		O H	43228	1145			
To Whom Paid				M	D	Y	Amount
Oakhurst Country Club				0	6	0 4 0 7	6,839.10
Address		Purpose					
3223 Norton Road		Golf Outing golfing fees and food					
City		State	Zip Code	Check Number			
Grove City		O H	43123	1146			
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			

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.

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee							
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 1	Y 12	Amount 75.01
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 2	Y 13	Amount 63.02
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 3	Y 13	Amount 37.34
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 4	Y 13	Amount 40.78
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 5	Y 11	Amount 35.72
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026		Type* I N		M 0	D 6	Y 13	Amount 44.56
City Columbus		State O H	Zip Code 43218	Form(Cash,Check,etc) Direct Deposit			
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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee							
Full Name of Contributor Contributions of \$25 or less						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 0.00	
Full Name of Contributor Contributions From Form 31G (In Officeholders Employ)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 855.00	
Full Name of Contributor Contributions From Form 31E (June 2007)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 17,785.00	
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)

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				Registration Number, if PAC			
Full Name of Contributor IBEW - COPE				Registration Number, if PAC			
Street Address 900 Seventh Street NW		Employer/Occupation/Labor Organization* Labor Organization		M	D	Y	Amount 600.00
City Washington		State D C	Zip Code 20001	0	5	2	2
				Form(Cash, Check, etc) Check			
Full Name of Contributor Innovative Architectural Planners				Registration Number, if PAC			
Street Address 8760 Orion Place, Ste 204		Employer/Occupation/Labor Organization*		M	D	Y	Amount 500.00
City Columbus		State O H	Zip Code 43240	0	6	0	1
				Form(Cash, Check, etc) 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				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City		State	Zip Code				

* 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
18 640.00

Total expenditures this event
9 202.59

Page Total \$ 1,100.00

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 Donald F Brosius			Registration Number, if PAC				
Street Address 2481 Sherwood Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	7	0	100.00
City Columbus		State O H	Zip Code 43209	Form(Cash, Check, etc) Check			
Full Name of Contributor Stephen L Bollinger						Registration Number, if PAC	
Street Address 2383 Birch Bark Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	3	0
				0	7	0	50.00
City Grove City		State O H	Zip Code 43123	Form(Cash, Check, etc) Check			
Full Name of Contributor David Lancione LLC						Registration Number, if PAC	
Street Address 1041 Summit Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	7
				0	7	0	350.00
City Galloway		State O H	Zip Code 43119	Form(Cash, Check, etc) Check			
Full Name of Contributor Plumbers and Pipefitters LU 189						Registration Number, if PAC	
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		PCE Entity 6220		0	5	0	1
				0	7	0	100.00
City Columbus		State O H	Zip Code 43212	Form(Cash, Check, etc) Check			
Full Name of Contributor Central Ohio Labor Council , AFL-CIO						Registration Number, if PAC	
Street Address 1545 Alum Creek Drive, 2nd Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Labor Organization		0	5	0	9
				0	7	0	600.00
City Columbus		State O H	Zip Code 43209	Form(Cash, Check, etc) Check			
Full Name of Contributor Mark L Penington						Registration Number, if PAC	
Street Address 3199 Wendover Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	5
				0	7	0	50.00
City Columbus		State O H	Zip Code 43232	Form(Cash, Check, etc) Check			
Full Name of Contributor Lance Thompson						Registration Number, if PAC	
Street Address 800 E Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	9
				0	7	0	1,000.00
City Columbus		State O H	Zip Code 43205	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 \$ 2,250.00

Event Date	<u>060407</u>
Page	_____

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		
Craig R Raphael						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1603 Green Friar Drive			0	5	0	30.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43228	Check			
Full Name of Contributor				Registration Number, if PAC		
Christopher T Cicero						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1308 W Mound Street			0	4	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43223	Check			
Full Name of Contributor				Registration Number, if PAC		
Kathleen A Whitson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10473 Mackenzie Way			0	5	0	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Dublin	O H	43017	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	0	560.00
City	State	Zip Code	Form(Cash, Check, etc)			
Galloway	O H	43119	Check			
Full Name of Contributor				Registration Number, if PAC		
David A Shaffer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1350 Oxley Road			0	4	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43212	Check			
Full Name of Contributor				Registration Number, if PAC		
Paul W Grossman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2420 Johnston Road			0	4	2	125.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43220	Check			
Full Name of Contributor				Registration Number, if PAC		
Jim Gravelle						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8215 Morris			0	4	2	30.00
City	State	Zip Code	Form(Cash, Check, etc)			
Hilliard	O H	43026	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 \$ 995.00

Event Date	<u>060407</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 Herman Carter Jr				Registration Number, if PAC			
Street Address 1559 Melrose Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	30	50.00
City Columbus		State O H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert D Timmons				Registration Number, if PAC			
Street Address 3773 Mill Stream Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	14	230.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Margaret A Hambleton				Registration Number, if PAC			
Street Address 2445 Haverford Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	14	700.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Brian K Sally				Registration Number, if PAC			
Street Address 135 Chase Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	13	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark A Delcol				Registration Number, if PAC			
Street Address 7627 Fishel Drive N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Shamrock Towing Inc.				Registration Number, if PAC			
Street Address 1145 Hamlet Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	10	200.00
City Westerville		State O H	Zip Code 43201	Form(Cash,Check,etc) Money Order			
Full Name of Contributor Robert L Oppenheimer				Registration Number, if PAC			
Street Address 811 Wakeman Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	28	100.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) 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 \$ 1,380.00

Event Date	<u>060407</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 Joellen Wood dba Woodsmill Appraisals		Registration Number, if PAC	
Street Address 1960 Diamondback Drive	Employer/Occupation/Labor Organization*	M D Y 0 5 1 6 0 7	Amount 730.00
City Powell	State Zip Code O H 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric S Brown		Registration Number, if PAC	
Street Address 34 West Poplar Ave		M D Y 0 5 1 6 0 7	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Dana L Hale		Registration Number, if PAC	
Street Address 1369 Falene Place		M D Y 0 5 1 6 0 7	Amount 300.00
City Galloway	State Zip Code O H 43119-9105	Form(Cash,Check,etc) Check	
Full Name of Contributor Frederick Rake		Registration Number, if PAC	
Street Address 1749 White Road		M D Y 0 5 1 6 0 7	Amount 125.00
City Grove City	State Zip Code O H 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor John E Hykes		Registration Number, if PAC	
Street Address 1865 Torchwood Drive		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 Eda M Champ		Registration Number, if PAC	
Street Address 34 Keene Drive		M D Y 0 5 1 5 0 7	Amount 100.00
City Westerville	State Zip Code O H 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen S Berkey		Registration Number, if PAC	
Street Address 650 Link Road		M D Y 0 5 1 6 0 7	Amount 100.00
City Columbus	State Zip Code O H 43213	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 \$ 1,580.00

Event Date	<u>060407</u>
Page	_____

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 Gary L Sutton				Registration Number, if PAC	
Street Address 5740 Rarey Ave W		Employer/Occupation/Labor Organization*		M D Y	Amount
City Groveport		State O H	Zip Code 43125-9627	0 5 2 7 0 7	200.00
Form(Cash, Check, etc) Check					
Full Name of Contributor William H Chavanne					
Street Address 1209 Westwood Ave				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43212-3241	M D Y	Amount
				0 5 2 9 0 7	125.00
Form(Cash, Check, etc) Check					
Full Name of Contributor James J Shriner					
Street Address 3288 E Broad Street				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43123	M D Y	Amount
				0 5 2 8 0 7	600.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Robert R Reed & Assoc					
Street Address 52 W Whittier Street				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43206	M D Y	Amount
				0 5 2 4 0 7	1,500.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Daniel L Tobin					
Street Address 4586 Gateway Drive				Registration Number, if PAC	
City Upper Arlington		State O H	Zip Code 43220	M D Y	Amount
				0 5 2 6 0 7	500.00
Form(Cash, Check, etc) Check					
Full Name of Contributor R Jean Perry					
Street Address 6364 Harrisburg-London Road				Registration Number, if PAC	
City Orient		State O H	Zip Code 43146	M D Y	Amount
				0 5 3 0 0 7	300.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Desiree Dardio-Wills					
Street Address 7177 Stahl Road				Registration Number, if PAC	
City Orient		State O H	Zip Code 43146	M D Y	Amount
				0 5 3 1 0 7	500.00
Form(Cash, Check, etc) Check					

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Total contributions this event

Total expenditures this event

Page Total \$ 3,725.00

Event Date	<u>060407</u>
Page	_____

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 American Family Insurance - Patricia Dews Agency				Registration Number, if PAC			
Street Address 114 Norton Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H 43228		0	6	0	100.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O H	43228	Check			
Full Name of Contributor Brooks for Commissioner				Registration Number, if PAC			
Street Address 3886 N High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H 43214		0	6	1	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O H	43214	Check			
Full Name of Contributor J Gregory Hart				Registration Number, if PAC			
Street Address PO Box 298		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Galloway		O H 43119		0	6	0	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
Galloway		O H	43119	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)			
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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Total contributions this event

Total expenditures this event

Page Total \$ 300.00

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 Jeff Hall				Registration Number, if PAC			
Street Address 2595 N High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City Columbus		State O	Zip Code H 43235	Form(Cash,Check,etc) Cash			
Full Name of Contributor Rick Ross				Registration Number, if PAC			
Street Address 2045 S High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City Columbus		State O	Zip Code H 43207	Form(Cash,Check,etc) Cash			
Full Name of Contributor Donnie Long				Registration Number, if PAC			
Street Address 5660 Elder Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City Canal Winchester		State O	Zip Code H 43110	Form(Cash,Check,etc) Cash			
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)			
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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Total contributions this event

Total expenditures this event

Page Total \$ 300.00

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 James A Binger				Registration Number, if PAC			
Street Address 2863 Creekwood	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Blackwood	State O H	Zip Code 43004		0	6	0	125.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Kenneth L Barton				Registration Number, if PAC			
Street Address 6951 Feder Road	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Galloway	State O H	Zip Code 43119		0	6	0	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Arthur E Lee				Registration Number, if PAC			
Street Address 189 N Nelson Road	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43219		0	6	0	790.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Schirtzinger				Registration Number, if PAC			
Street Address 7668 Blue Fescue Drive	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Westerville	State O H	Zip Code 43082		0	6	0	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Robert S Steele				Registration Number, if PAC			
Street Address 2607 Geyerwood Court	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Grove City	State O H	Zip Code 43123		0	6	0	125.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Taylor				Registration Number, if PAC			
Street Address 445 Village Drive	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43214		0	6	0	125.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Richard W Holstein				Registration Number, if PAC			
Street Address 2301 Fairwood Avenue	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43207		0	6	0	500.00
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 2,665.00

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
Richard W Holstein			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2301 Fairwood		0 6 0 4 0 7	500.00
City	State	Zip Code	Form(Cash, Check, etc)
Columbus	<input type="radio"/> O <input type="radio"/> H	43207	Check
Full Name of Contributor			Registration Number, if PAC
Val B Boehm			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2555 Onandaga Drive		0 6 0 4 0 7	950.00
City	State	Zip Code	Form(Cash, Check, etc)
Columbus	<input type="radio"/> O <input type="radio"/> H	43221	Check
Full Name of Contributor			Registration Number, if PAC
Ralph Casto			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1010 Rousseau Lane		0 6 0 4 0 7	125.00
City	State	Zip Code	Form(Cash, Check, etc)
Galloway	<input type="radio"/> O <input type="radio"/> H	43119	Check
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 Court		0 6 0 4 0 7	500.00
City	State	Zip Code	Form(Cash, Check, etc)
Dublin	<input type="radio"/> O <input type="radio"/> H	43017	Check
Full Name of Contributor			Registration Number, if PAC
Dean C Ringle			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2051 Stokeswood Ct		0 6 0 4 0 7	40.00
City	State	Zip Code	Form(Cash, Check, etc)
Dublin	<input type="radio"/> O <input type="radio"/> H	43016	Check
Full Name of Contributor			Registration Number, if PAC
Charles L Helm			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6720 Leapsway Drive		0 6 0 4 0 7	420.00
City	State	Zip Code	Form(Cash, Check, etc)
Westerville	<input type="radio"/> O <input type="radio"/> H	43081	Check
Full Name of Contributor			Registration Number, if PAC
Friends Of O'Grady Committee			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
271 East State Street		0 6 0 4 0 7	375.00
City	State	Zip Code	Form(Cash, Check, etc)
Columbus	<input type="radio"/> O <input type="radio"/> H	43215	Check

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Total contributions this event

Total expenditures this event

Page Total \$ 2,910.00

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
Richard Shaw			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2870 Creekwood Estate Drive		0 6 0 4 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Blacklick	O H 43004	Cash	
Full Name of Contributor			Registration Number, if PAC
Craig Lee			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2918 Creekwood Estate Drive		0 6 0 4 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Blacklick	O H 43004	Cash	
Full Name of Contributor			Registration Number, if PAC
Lisa Lee			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2918 Creekwood Estate Drive		0 6 0 4 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Blacklick	O H 43004	Cash	
Full Name of Contributor			Registration Number, if PAC
George Nunamaker			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
279 Cole Road		0 6 0 4 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Galloway	O H 43119	Cash	
Full Name of Contributor			Registration Number, if PAC
Dean Haldeman			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6380 Skipping Stone Drive		0 6 0 4 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
New Albany	O H 43054	Cash	
Full Name of Contributor			Registration Number, if PAC
Nona Sutton			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5640 Medallion Dr E		0 6 0 4 0 7	30.00
City	State Zip Code	Form(Cash,Check,etc)	
Westerville	O H 43082	Check	
Full Name of Contributor			Registration Number, if PAC
James M Mentel			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
653 Crescent Road		0 6 0 4 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43204	Check	

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Total contributions this event

Total expenditures this event


Page Total \$ 580.00

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 Todd Tallman							
Street Address 963 Mueller Drive				M	D	Y	Amount
				0	6	0	125.00
City Reynoldsburg				State <input type="radio"/> O <input type="radio"/> H		Zip Code 43068	Form (Cash, Check, etc) Check
Full Name of Contributor Patrick F Garrity							
Street Address 135 Marlene Drive				M	D	Y	Amount
				0	6	0	125.00
City Westerville				State <input type="radio"/> O <input type="radio"/> H		Zip Code 43081	Form (Cash, Check, etc) Check
Full Name of Contributor Stephan L Martin							
Street Address 1306 Thurell Drive				M	D	Y	Amount
				0	6	0	125.00
City Columbus				State <input type="radio"/> O <input type="radio"/> H		Zip Code 43229	Form (Cash, Check, etc) Check
Full Name of Contributor Paul Bryant							
Street Address 16075 State Route 207				M	D	Y	Amount
				0	6	0	125.00
City Mount Sterling				State <input type="radio"/> O <input type="radio"/> H		Zip Code 43143	Form (Cash, Check, etc) Check
Full Name of Contributor David M Masterson							
Street Address 3907 Lake Lanier Drive				M	D	Y	Amount
				0	6	0	125.00
City Grove City				State <input type="radio"/> O <input type="radio"/> H		Zip Code 43123	Form (Cash, Check, etc) Check
Full Name of Contributor							
Street Address				M	D	Y	Amount
							0.00
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 \$ 625.00

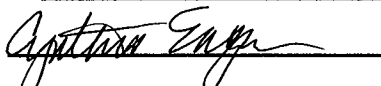
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full						Karnes For Sheriff Committee			
Full Name of Contributor						Gilbert H Jones			
Street Address				M	D	Y	Amount		
5401 Latrobe Street				0	5	11	0	7	30.00
City		State	Zip Code	Form (Cash, Check, etc)					
Westerville		O H	43081	Check					
Full Name of Contributor						Samuel L Workman			
Street Address				M	D	Y	Amount		
784 Bradwell Drive				0	5	25	0	7	100.00
City		State	Zip Code	Form (Cash, Check, etc)					
Columbus		O H	43207	Check					
Full Name of Contributor						Mark J Barrett			
Street Address				M	D	Y	Amount		
132 Chatham Road				0	5	29	0	7	100.00
City		State	Zip Code	Form (Cash, Check, etc)					
Columbus		O H	43214	Check					
Full Name of Contributor									
Street Address				M	D	Y	Amount		
							0.00		
City		State	Zip Code	Form (Cash, Check, etc)					
Full Name of Contributor									
Street Address				M	D	Y	Amount		
							0.00		
City		State	Zip Code	Form (Cash, Check, etc)					
Full Name of Contributor									
Street Address				M	D	Y	Amount		
							0.00		
City		State	Zip Code	Form (Cash, Check, etc)					

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

 (Signature of Treasurer or Deputy Treasurer)

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