

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILLED  
07 JAN 26 AM 10:39  
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 <b>43119</b>						
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <b>X 2006</b>				
		Semi Annual		August Monthly		September Monthly		Termination						
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 <b>1</b>	D <b>2</b>	Y <b>3</b>	D <b>1</b>	Y <b>0</b>	Y <b>6</b>

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	\$ 53,452.87
2. Total monetary contributions (From Form No. 31-A)	\$ 700.00
3. Total other income (From Form No. 31-A-2)	\$ 508.74
4. Total funds available (sum of lines 1, 2, 3)	\$ 54,661.61
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,077.10
6. Balance on hand (line 4 minus line 5)	\$ 52,584.51
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      1/25/07  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

# Statement of Contributions Received

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Name of Committee in Full <b>Karnes For Sheriff Committee</b>				Registration Number, if PAC			
Full Name of Contributor <b>Robert E Taylor</b>				Amount			
Street Address <b>445 Village Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	<b>0</b>	<b>8</b>	<b>3</b>	
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>John E Hykes</b>				Registration Number, if PAC			
Street Address <b>1865 Torchwood Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	<b>0</b>	<b>8</b>	<b>3</b>	
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Daniel Tobin</b>				Registration Number, if PAC			
Street Address <b>4568 Gateway Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	500.00
City <b>Upper Arlington</b>		State <b>O   H</b>	Zip Code <b>43220</b>	<b>0</b>	<b>9</b>	<b>1</b>	
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			Amount
City		State	Zip Code	M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			Amount
City		State	Zip Code	M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			Amount
City		State	Zip Code	M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			Amount
City		State	Zip Code	M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			Amount
City		State	Zip Code	M	D	Y	

\* 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 Other Income

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Name of Committee in Full				Registration Number, if PAC			
Karnes For Sheriff Committee							
Full Name Fifth Third Bank - Central Ohio				Registration Number, if PAC			
Address PO Box 182026	Type* I   N			M 0   7	D 1   3	Y 0   6	Amount 86.96
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   8	D 1   3	Y 0   6	Amount 82.76
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   9	D 1   3	Y 0   6	Amount 93.40
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 1   0	D 1   3	Y 0   6	Amount 85.92
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 1   1	D 1   3	Y 0   6	Amount 84.77
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 1   2	D 1   3	Y 0   6	Amount 74.93
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee						
To Whom Paid Volpe Memorial Endowment Fund			M	D	Y	Amount 150.00
Address c/o Dick Finn - 415 Garden Road		Purpose Hole Sponsor and Dinner				
City Columbus	State O   H	Zip Code 43214	Check Number 1113			
To Whom Paid John E Jones			M	D	Y	Amount 35.00
Address 528 Clark State Road		Purpose The General's 34th Annual Invitational				
City Gahanna	State O   H	Zip Code 43230	Check Number 1114			
To Whom Paid Franklin County Jr Fair			M	D	Y	Amount 196.00
Address 5151 Berger Road		Purpose Bake Sale				
City Groveport	State O   H	Zip Code 43125	Check Number 1115			
To Whom Paid Franklin County Jr Fair Livestock Sale Committee			M	D	Y	Amount 1,200.00
Address 5151 Berger Road		Purpose 4 H Livestock Sale				
City Groveport	State O   H	Zip Code 43125	Check Number 1116			
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount 100.00
Address 271 East State Street		Purpose 2006 Ballot Breakfast				
City Columbus	State O   H	Zip Code 43215	Check Number 1117			
To Whom Paid National Wildlife Federation			M	D	Y	Amount 126.10
Address PO Box 9004, Winchester, VA 22604-90		Purpose				
City Winchester	State V   A	Zip Code 22604-9004	Check Number 1118			
To Whom Paid Home Reach Hospice			M	D	Y	Amount 270.00
Address 3724 Olentangy River Road - G		Purpose County Hospice Christmas Tree				
City Columbus	State O   H	Zip Code 43214	Check Number 1119			
To Whom Paid			M	D	Y	Amount 0.00
Address		Purpose				
City	State	Zip Code	Check Number			