30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

08 JAN 29 AM 10:09
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: O H		Zip Code: 43119	
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General	X	Annual Year 2007
		July Monthly		August Monthly		September Monthly		Termination		Semiannual
Amended Report? ☐ Yes ☑ No		Report Electronically filed? ☐ Yes ☑ No			Date of Election		M 1 2	D 3 1	Y 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	$ 54,692.09
2. Total monetary contributions (From Form No. 31-A)	$ 700.00
3. Total other income (From Form No. 31-A-2)	$ 193.18
4. Total funds available (sum of lines 1, 2, 3)	$ 55,585.27
5. Total monetary expenditures (From Form No. 31-B)	$ 4,562.85
6. Balance on hand (line 4 minus line 5)	$ 51,022.42
7. Value of in-kind contributions received (From Form No. 31-J-1)	$
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 — Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

1/28/08 — Date

Contribution pages 2	Expenditure pages 2	Other pages 1	Total pages 5

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Karnes For Sheriff Committee						
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*					Form (Cash, Check, etc.)
1380 Dublin Road - Suite 103	Labor Organization					Check
City	State	Zip Code	M	D	Y	Amount
Grove City	O H	43123	0 6	0 4	0 7	200.00
Full Name of Contributor					Registration Number, if PAC	
Contributions from Form 31-E						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
						500.00
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
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 from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 $ 700.00

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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: P O Box 182026	Type: I	N		0 7	1 3	0 7	44.59
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name: Fifth Third Bank - Central Ohio			Registration Number, if PAC				
P O Box 182026	I	N		0 8	1 3	0 7	46.71
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name: Fifth Third Bank - Central Ohio			Registration Number, if PAC				
P O Box 182026	I	N		0 9	1 3	0 7	33.58
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name: Fifth Third Bank - Central Ohio			Registration Number, if PAC				
P O Box 182026	I	N		1 0	1 2	0 7	26.14
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name: Fifth Third Bank - Central Ohio			Registration Number, if PAC				
P O Box 182026	I	N		1 1	1 3	0 7	23.30
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name: Fifth Third Bank - Central Ohio			Registration Number, if PAC				
P O Box 182026	I	N		1 2	1 3	0 7	18.86
Columbus	O	H	43218	Form(Cash,Check,etc): Direct Deposit			
Full Name			Registration Number, if PAC				
Full Name			Registration Number, if PAC				

* 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

193.18

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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
The Sharmrock Club of Columbus			07	06	07	40.00
Address	Purpose					
60 West Castle Road	Membership					
City	State	Zip Code	Check Number			
Columbus	OH	43207	1147			
To Whom Paid			M	D	Y	Amount
Franklin County Jr Fair - Livestock Sale Committee			09	13	07	662.50
Address	Purpose					
5131 Berger Road	Livestock Sale					
	State	Zip Code	Check Number			
Groveport	OH	43125	1149			
To Whom Paid			M	D	Y	Amount
Fraternal Order of Police			07	13	07	50.00
Address	Purpose					
529 S High Street - Suite 205	MDA Donation					
	State	Zip Code	Check Number			
Columbus	OH	43215	1150			
To Whom Paid			M	D	Y	Amount
Volpe Memorial Endowment Fund			07	31	07	150.00
Address	Purpose					
c/o Dick Finn - 415 Garden Road	Hole Sponsor and Dinner					
	State	Zip Code	Check Number			
Columbus	OH	43214	1151			
To Whom Paid			M	D	Y	Amount
Turner Publishing Company			10	15	07	371.65
Address	Purpose					
P O Box 3101	Franklin Co Oh Sherifffs publication					
	State	Zip Code	Check Number			
Paducah	KY	42002-3101	1152			
To Whom Paid			M	D	Y	Amount
Sandra Karnes			11	10	07	98.70
Address	Purpose					
8336 Alkire Road	Christmas Cards					
	State	Zip Code	Check Number			
Galloway	OH	43119	1153			
To Whom Paid			M	D	Y	Amount
Jim Karnes			11	13	07	80.00
Address	Purpose					
8336 Alkire Road	Declaration of Candidacy Petitions for office of Sheriff - Frank					
	State	Zip Code	Check Number			
Galloway	OH	43119	1154			
To Whom Paid			M	D	Y	Amount
Ohio State University			12	14	07	350.00
Address	Purpose					
100 Bricker Hall - 190 North Oval Mall	2008 Allstate BCS National Championship Game					
	State	Zip Code	Check Number			
Columbus	OH	43210-1394	1155			

1,802.85

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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
Franklin County Fair Board			07	19	07	260.00
Address	Purpose					
5131 Berger Road	Junior Fair Creative Foods Contest - Bake Sale Auction					
City	State	Zip Code	Check Number			
Groveport	OH	43125	1148			
To Whom Paid			M	D	Y	Amount
Ohio Cancer Research Associates			12	28	07	2,500.00
Address	Purpose					
50 West Broad Street, Suite 1132	Valentine Party and Auction - Table for 10					
Columbus	OH	43215	1156			
To Whom Paid			M	D	Y	Amount
To Whom Paid			M	D	Y	Amount
To Whom Paid			M	D	Y	Amount
To Whom Paid			M	D	Y	Amount
To Whom Paid			M	D	Y	Amount
To Whom Paid			M	D	Y	Amount

2,760.00

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Event Date 060407
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Karnes For Sheriff Committee						
Full Name of Contributor			Registration Number, if PAC			
Deborah L Coughlin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4550 Big Plain-Circleville Road			06	19	07	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
London	OH	43140	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)			
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)			
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: 500.00

Total expenditures this event: 0

Page Total $ 500.00