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FRANKLIN COUNTY
BOARD OF ELECTIONS

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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 in the left column)	Pre-Primary		X Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			M 0 4	D 0 4	Y 0 8	

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	\$ 48,980.48
2. Total monetary contributions (From Form No. 31-A)	\$ 600.00
3. Total other income (From Form No. 31-A-2)	\$ 8.35
4. Total funds available (sum of lines 1, 2, 3)	\$ 49,588.83
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,263.00
6. Balance on hand (line 4 minus line 5)	\$ 48,325.83
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]
Signature

4-4-08
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 Karnes For Sheriff Committee							
Full Name of Contributor Daniel L Tobin					Registration Number, if PAC		
Street Address 4586 Gateway Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City Upper Arlington	State OH	Zip Code 43220	M 0	D 2	Y 14	Amount 500.00	
Full Name of Contributor Total Employee Contributions					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 100.00	
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 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

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 D Y 0 3 1 3 0 8		Amount 8.35	
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)	
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)	
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 Easter Seals							M	D	Y	Amount			
							0	2	1	9	0	8	100.00
Address FOP - 520 S High Street				Purpose Bowl-A-Thon Sponsorship									
City Columbus		State O H		Zip Code 43215		Check Number 1166							
To Whom Paid The Ohio State University							M	D	Y	Amount			
							0	3	2	4	0	8	1,163.00
Address 555 Borrer Drive				Purpose 2008 Football Season Tickets and Parking									
City Columbus		State O H		Zip Code 43210-1166		Check Number 1168							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			


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					Leif P Bickel						
Street Address					M	D	Y	Amount			
23483 Smith-Hulse Road					0	1	2	9	0	8	100.00
City		State		Zip Code		Form (Cash, Check, etc)					
Circleville		O H		43113		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."