

FILED

Ohio Campaign Finance Report

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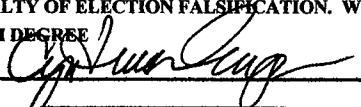
Prescribed by Secretary of State 3/05

Full Name of Committee Karnes For Sheriff Committee							Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS			
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)		<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year 2008		Semiannual		
		July	August	September	Termination					
		Monthly	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 0 3	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	\$ 51,022.42
2. Total monetary contributions (From Form No. 31-A)	\$ 350.00
3. Total other income (From Form No. 31-A-2)	\$ 30.37
4. Total funds available (sum of lines 1, 2, 3)	\$ 51,402.79
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,222.31
6. Balance on hand (line 4 minus line 5)	\$ 49,180.48
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

SYNTHIA ENGRAM - TREASURER  2/19/08
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Karnes For Sheriff Committee							
Full Name of Contributor David Elliott Jr					Registration Number, if PAC		
Street Address 7360 Kuhlwein Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galloway		State O H	Zip Code 43229	M 0 1	D 0 7	Y 0 8	Amount 350.00
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 0.00
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 0.00
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 0.00
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 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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Karnes For Sheriff Committee					
Full Name				Registration Number, if PAC	
Fifth Third Bank - Central Ohio					
Address	Type*		M	D	Y
P O Box 182026	I N		0 1	1 0	0 8
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43218	Direct Deposit		
Full Name				Registration Number, if PAC	
Fifth Third Bank - Central Ohio					
Address	Type*		M	D	Y
P O Box 182026	I N		0 2	1 3	3 8
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43218	Direct Deposit		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
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				M	D	Y	Amount			
The Sharmrock Club of Columbus				0	1	1	0	0	8	40.00
Address		Purpose								
60 West Castle Road		Membership								
City	State	Zip Code	Check Number							
Columbus	O H	43207	1157							
To Whom Paid				M	D	Y	Amount			
Franklin County Democratic Party				0	1	1	0	0	8	1,500.00
Address		Purpose								
271 East State Street		2008 Investment								
City	State	Zip Code	Check Number							
Columbus	O H	43215	1158							
To Whom Paid				M	D	Y	Amount			
Franklin County Democratic Party				0	1	1	0	0	8	150.00
Address		Purpose								
271 East State Street		2008 Salute to Achievement event								
City	State	Zip Code	Check Number							
Columbus	O H	43215	1159							
To Whom Paid				M	D	Y	Amount			
Ohio Ethics Commission				0	1	2	8	0	8	40.00
Address		Purpose								
8 East Long Street - 10th Floor		Financial Disclosure								
City	State	Zip Code	Check Number							
Columbus	O H	43215	1160							
To Whom Paid				M	D	Y	Amount			
Cynthia Engram				0	1	2	8	0	8	62.31
Address		Purpose								
6229 White Sulphur Court		Ink Cartridge								
City	State	Zip Code	Check Number							
Grove City	O H	43123	1161							
To Whom Paid				M	D	Y	Amount			
Police Unity Tour Chapter IV				0	1	3	0	0	8	100.00
Address		Purpose								
PO Box 56385		Sponsorship								
City	State	Zip Code	Check Number							
Virginia Beach	V A	23456-6385	1162							
To Whom Paid				M	D	Y	Amount			
Grove City Rebels				0	1	3	0	0	8	100.00
Address		Purpose								
2450 Merrybell Court		Sponsorship								
City	State	Zip Code	Check Number							
Grove City	O H	43123	1163							
To Whom Paid				M	D	Y	Amount			
Shamrock Club				0	1	3	0	0	8	150.00
Address		Purpose								
60 West Castle Road		Parade								
City	State	Zip Code	Check Number							
Columbus	O H	43207	1164							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee										
To Whom Paid United Way of Central Ohio						M	D	Y	Amount	
						0	2	1	0	8
Address 360 South Third Street						Purpose 49th Annual George Meany Award				
City Columbus			State O	H	Zip Code 43125	Check Number 1165				
To Whom Paid						M	D	Y	Amount	
									0.00	
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	
Address						Purpose				
City			State		Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount	