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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 to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2010	
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual First Hal	
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

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	\$ 39,333.33
2. Total monetary contributions (From Form No. 31-A)	\$ 500.00
3. Total other income (From Form No. 31-A-2)	\$ 8.77
4. Total funds available (sum of lines 1, 2, 3)	\$ 39,842.10
5. Total monetary expenditures (From Form No. 31-B)	\$ 7,840.65
6. Balance on hand (line 4 minus line 5)	\$ 32,001.45
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	\$

31 total pages

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* 7-29-20
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 0

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 Democratic Party							0	1	0	2	1	0	1,500.00
Address				Purpose									
271 East State Street				2010 Officeholder Investment									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1223							
To Whom Paid							M	D	Y	Amount			
Ohio Cancer Research Associates							0	1	0	2	1	0	2,500.00
Address				Purpose									
50 W. Broad Street - Ste 1132				Valentine Party and Auction honoring O'Gradys, Leonard and									
City		State		Zip Code		Check Number							
Columbus		OH		43215-3388		1224							
To Whom Paid							M	D	Y	Amount			
Cynthia Engram							0	2	0	4	1	0	56.65
Address				Purpose									
6229 White Sulphur Court				Laserjet Cartridge									
City		State		Zip Code		Check Number							
Grove City		OH		43123		1225							
To Whom Paid							M	D	Y	Amount			
Sheriffs' PAC BSSA							0	2	0	9	1	0	200.00
Address				Purpose									
6230 Busch Blvd - Ste. 260				Support of PAC Fund OH 519									
City		State		Zip Code		Check Number							
Columbus		OH		43229		1226							
To Whom Paid							M	D	Y	Amount			
Epilepsy Foundation of Central Ohio							0	2	0	9	1	0	200.00
Address				Purpose									
17 S. High Street, Ste. 1000				Mud Volleyball Sponsorship									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1227							
To Whom Paid							M	D	Y	Amount			
The National City Bank for Abigail Cooper Sponsorship							0	2	0	9	1	0	50.00
Address				Purpose									
8383 Horseshoe Road				Christmas Cards									
City		State		Zip Code		Check Number							
Ashley		OH		43003		1228							
To Whom Paid							M	D	Y	Amount			
The Shamrock Club							0	2	0	9	1	0	150.00
Address				Purpose									
60 West Castle Road				2010 St Patricks Day Parade Entry									
City		State		Zip Code		Check Number							
Columbus		OH		43207		1229							
To Whom Paid							M	D	Y	Amount			
Ohio Ethics Commission							0	2	0	9	1	0	40.00
Address				Purpose									
30 West Spring, L3				Financial Disclosure Statement									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1230							

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	3	1	130.00
Address 360 S. Third Street		Purpose George Meany Award						
City Columbus	State O H	Zip Code 43215	Check Number 1231					
To Whom Paid Sandra J. Karnes					M	D	Y	Amount
					0	3	2	1,554.00
Address 8336 Alkire Road		Purpose Reimbursement for OSU Football Tickets w/ parking						
City Galloway	State O H	Zip Code 43119	Check Number 1232					
To Whom Paid MADD Golf Outing					M	D	Y	Amount
					0	4	1	350.00
Address 5900 Roche Drive, Ste. 250		Purpose Golf Team Sponsorship						
City Columbus	State O H	Zip Code 43229	Check Number 1233					
To Whom Paid The Legacy Fund of The Columbus Foundation					M	D	Y	Amount
					0	5	2	60.00
Address 1234 E. Broad Street		Purpose Tribute to Lynn Greer						
City Columbus	State O H	Zip Code 43205	Check Number 1234					
To Whom Paid Class of 2015 Gahanna Lions Baseball U-12					M	D	Y	Amount
					0	5	2	550.00
Address 432 Clemson Street		Purpose U-12 Sponsorship						
City Gahanna	State O H	Zip Code 43230	Check Number 1235					
To Whom Paid David Lanthorn					M	D	Y	Amount
					0	5	2	500.00
Address 530 Stream Water Drive		Purpose Gahanna Lady Lions Softball Team						
City Blacklick	State O H	Zip Code 43004	Check Number 1236					
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					

Statement of Other Income

Prescribed by Secretary of State 2/01

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 1	D 1 3	Y 1 0	Amount 1.75	
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 2	D 1 2	Y 1 0	Amount 1.47	
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 3	D 1 2	Y 1 0	Amount 1.36	
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 4	D 1 3	Y 1 0	Amount 1.50	
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 5	D 1 3	Y 1 0	Amount 1.38	
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 6	D 1 1	Y 1 0	Amount 1.31	
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	
						0.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
						0.00	
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 Thomas A and Debbie Coughlin					Registration Number, if PAC		
Street Address 4550 Big Plain Circleville Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cashiers Check		
City London	State O H	Zip Code 43140-8849	M 0	D 1	Y 1	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	
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)