

| | |
|------------|--------|
| Event Date | 061206 |
| Page | 11 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|---|---|--------------------------|-------------------------|--------------------------------------|---------------|
| Name of Committee in Full Karnes For Sheriff Committee | | | | | |
| Full Name of Contributor Christopher T Cicero Attorney At Law | | | | Registration Number, if PAC | |
| Street Address 1308 W. Mound Street | Employer/Occupation/Labor Organization* | | M 0 | D 5 | Y 2 |
| City Columbus | State O | Zip Code 43223 | Amount 150.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Janet L. Hale | | | | Registration Number, if PAC | |
| Street Address 6637 Merwin Road | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 0 |
| City Columbus | State O | Zip Code 43235 | Amount 500.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Charlene M. Jones | | | | Registration Number, if PAC | |
| Street Address 5404 Latrobe Street | Employer/Occupation/Labor Organization* | | M 0 | D 6 | Y 0 |
| City Westerville | State O | Zip Code 43081 | Amount 30.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Vanessa B. Sutton | | | | Registration Number, if PAC | |
| Street Address 5740 Rarey Ave W | Employer/Occupation/Labor Organization* | | M 0 | D 5 | Y 3 |
| City Groveport | State O | Zip Code 43125 | Amount 200.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Joellen Wood | | | | Registration Number, if PAC | |
| Street Address 1960 Diamondback Dr | Employer/Occupation/Labor Organization* | | M 0 | D 5 | Y 3 |
| City Powell | State O | Zip Code 43065 | Amount 700.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Kenneth L Barton | | | | Registration Number, if PAC | |
| Street Address 6951 Feder Road | Employer/Occupation/Labor Organization* | | M 0 | D 5 | Y 3 |
| City Galloway | State O | Zip Code 43119 | Amount 500.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Arthur E Lee | | | | Registration Number, if PAC | |
| Street Address 189 N Nelson | Employer/Occupation/Labor Organization* | | M 0 | D 5 | Y 3 |
| City Columbus | State O | Zip Code 43219 | Amount 790.00 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals 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)]

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

Total expenditures this event

Page Total \$ 2,870.00