31-B R.C. 3517.10

Statement of Expenditures

Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee						
To Whom Paid Franklin County Fair				D 1 8	Y 1 1	Amount \$2,000.00
Address	0 7 1 8 1 1 \$2,000.00					
PO Box 288	Donation					
City Hilliard	State OH	Zip Code 43026	Check Number 1257			
To Whom Paid Pelotonia				0 4	1 1	Amount \$2,000.00
Address L-345D4	Purpose Donation/Memory of Sheriff Jim Karnes-Carn/Schweitzer ea@\$1000					
City Columbus	State OH	Zip Code 43260	Check Number 1258			
To Whom Paid The James Cancer Hospital - Pancreatic Cancer Research				M D Y Amount \$8,500.00		
Address %Chris Delisio - Room 653 - 660 Ackerman Rd	Purpose Donation - Pancreatic Camcer Research					
City Columbus	State OH	Zip Code 43218	Check Number 1259			
To Whom Paid Zack Scott For Sheriff	-	,	м 0 8	D 1 6	1 1	Amount \$9,066.40
Address Don McTage 545 E. Town Street	Purpose Donation					
City Columbus	State OH	Zip Code 43215	Check Number 1260			Total Marie
To Whom Paid			М	D	Y	Amount
Address	Purpose			.1		
City	State OH	Zip Code	Check Number			
To Whom Paid				D	Y	Amount
Address	Purpose		1	1		.
City	State OH	Zip Code	Check Number			
To Whom Paid	1	<u> </u>	М	D	Y	Amount
Address	Purpose		<u></u>			
City	State OH	Zip Code	Check Number			
To Whom Paid		·	М	D	Y	Amount
Address	Purpose					<u> </u>
City	State OH	Zip Code	Check Number			