

Event Date	<u>060407</u>
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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 Herman Carter Jr				Registration Number, if PAC	
Street Address 1559 Melrose Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 3
City Columbus	State O	Zip Code 43224	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Robert D Timmons				Registration Number, if PAC	
Street Address 3773 Mill Stream Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Hilliard	State O	Zip Code 43026	Form(Cash, Check, etc) Check		Amount 230.00
Full Name of Contributor Margaret A Hambleton				Registration Number, if PAC	
Street Address 2445 Haverford Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Columbus	State O	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 700.00
Full Name of Contributor Brian K Sally				Registration Number, if PAC	
Street Address 135 Chase Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Columbus	State O	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mark A Delcol				Registration Number, if PAC	
Street Address 7627 Fishel Drive N	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Dublin	State O	Zip Code 43016	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Shamrock Towing Inc.				Registration Number, if PAC	
Street Address 1145 Hamlet Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Westerville	State O	Zip Code 43201	Form(Cash, Check, etc) Money Order		Amount 200.00
Full Name of Contributor Robert L Oppenheimer				Registration Number, if PAC	
Street Address 811 Wakeman Court	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Westerville	State O	Zip Code 43081	Form(Cash, Check, etc) Check		Amount 100.00

* 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 \$ 1,380.00