

Event Date	<u>060407</u>
Page	<u> </u>

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 Donald F Brosius					Registration Number, if PAC		
Street Address 2481 Sherwood Road		Employer/Occupation/Labor Organization*			M	D	Y
					0	4	2
City Columbus		State O	H	Zip Code 43209	8	0	7
					Amount 100.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor Stephen L Bollinger							
Street Address 2383 Birch Bark Trail					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	4	3
City Grove City		State O	H	Zip Code 43123	0	0	7
					Amount 50.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor David Lancione LLC							
Street Address 1041 Summit Street					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	5	0
City Galloway		State O	H	Zip Code 43119	7	0	7
					Amount 350.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor Plumbers and Pipefitters LU 189							
Street Address 1250 Kinnear Road					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
		PCE Entity 6220			0	5	0
City Columbus		State O	H	Zip Code 43212	1	0	7
					Amount 100.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor Central Ohio Labor Council , AFL-CIO							
Street Address 1545 Alum Creek Drive, 2nd Floor					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
		Labor Organization			0	5	0
City Columbus		State O	H	Zip Code 43209	9	0	7
					Amount 600.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor Mark L Penington							
Street Address 3199 Wendover Court					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	5	2
City Columbus		State O	H	Zip Code 43232	5	0	7
					Amount 50.00		
Form(Cash, Check, etc) Check							
Full Name of Contributor Lance Thompson							
Street Address 800 E Broad Street					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	5	2
City Columbus		State O	H	Zip Code 43205	9	0	7
					Amount 1,000.00		
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 \$ 2,250.00