

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Karnes For Sheriff Committee									
To Whom Paid Homereach Hospice						M 1	D 0	Y 4	Amount 260.00
Address OhioHealth Foundation 180 E Broad St				Purpose Donation					
City Columbus		State OH		Zip Code 43215		Check Number 1245			
To Whom Paid Franklin County Democratic Party						M 1	D 2	Y 0	Amount 1,500.00
Address 271 East State Street				Purpose 2011 Officeholder Investment					
City Columbus		State OH		Zip Code 43215		Check Number 1246			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount 0.00
Address				Purpose					
City		State		Zip Code		Check Number			