

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>					
Full Name of Contributor <b>Old Trail Inn</b>				Registration Number, if PAC	
Street Address <b>72 S Grener Road</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
<b>Columbus</b>		<b>O   H 43228</b>		<b>0   6   0   5   0   6</b>	<b>1,200.00</b>
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Teamsters Local Union No 413</b>					
Street Address <b>555 E Rich Street</b>				Registration Number, if PAC <b>Drive Fund</b>	
<b>Columbus</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>O   H 43215</b>		<b>0   5   1   7   0   6</b>		<b>100.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Columbus Firefighters Union L-67 PAC Fund</b>					
Street Address <b>1380 Dublin Road Suite 103</b>				Registration Number, if PAC <b>PAC Fund No. LA 839</b>	
<b>Columbus</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>O   H 43215</b>		<b>0   6   0   5   0   6</b>		<b>375.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>IBEW - COPE</b>					
Street Address <b>900 Seventh Street NW</b>				Registration Number, if PAC <b>Qual MultiCandidate Committee</b>	
<b>Washington</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>D   C 20001</b>		<b>0   5   1   7   0   6</b>		<b>600.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert R Reed &amp; Associates</b>					
Street Address <b>52 W Whittier St</b>				Registration Number, if PAC	
<b>Columbus</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>O   H 43206</b>		<b>0   5   3   1   0   6</b>		<b>1,000.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Hall of Fame Marketing</b>					
Street Address <b>929 Harrison Avenue, Suite 201</b>				Registration Number, if PAC	
<b>Columbus</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>O   H 43215</b>		<b>0   5   1   8   0   6</b>		<b>100.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Fraternal Order of Police</b>					
Street Address <b>520 S High Street - Suite 205</b>				Registration Number, if PAC <b>Political Education Fund</b>	
<b>Columbus</b>		<b>Labor Organization</b>		M   D   Y	Amount
<b>O   H 43215</b>		<b>0   5   0   8   0   6</b>		<b>100.00</b>	
City		State		Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 3,475.00