

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 Gary L Sutton				Registration Number, if PAC			
Street Address 5740 Rarey Ave W		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	200.00
City Groveport	State O	H	Zip Code 43125-9627	Form(Cash, Check, etc) Check			
Full Name of Contributor William H Chavanne				Registration Number, if PAC			
Street Address 1209 Westwood Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	125.00
City Columbus	State O	H	Zip Code 43212-3241	Form(Cash, Check, etc) Check			
Full Name of Contributor James J Shriner				Registration Number, if PAC			
Street Address 3288 E Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	600.00
City Columbus	State O	H	Zip Code 43123	Form(Cash, Check, etc) Check			
Full Name of Contributor Robert R Reed & Assoc				Registration Number, if PAC			
Street Address 52 W Whittier Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	1,500.00
City Columbus	State O	H	Zip Code 43206	Form(Cash, Check, etc) Check			
Full Name of Contributor Daniel L Tobin				Registration Number, if PAC			
Street Address 4586 Gateway Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	500.00
City Upper Arlington	State O	H	Zip Code 43220	Form(Cash, Check, etc) Check			
Full Name of Contributor R Jean Perry				Registration Number, if PAC			
Street Address 6364 Harrisburg-London Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	3	300.00
City Orient	State O	H	Zip Code 43146	Form(Cash, Check, etc) Check			
Full Name of Contributor Desiree Dardio-Wills				Registration Number, if PAC			
Street Address 7177 Stahl Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	3	500.00
City Orient	State O	H	Zip Code 43146	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 \$ 3,725.00