

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 Joe Berkemer				Registration Number, if PAC	
Street Address 6177 Meadowood Lane	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Columbus	State O H	Zip Code 43228	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Mike Welling				Registration Number, if PAC	
Street Address 302 Maple Place	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Pickerington	State O H	Zip Code 43081	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Larry Worthington				Registration Number, if PAC	
Street Address 175 Hidden Creek Dr	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Galloway	State O H	Zip Code 432119	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Larry Clark				Registration Number, if PAC	
Street Address 1335 Dubline Road., Suite 201 D	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor John Clarke				Registration Number, if PAC	
Street Address 6600 Hall Road	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Galloway	State O H	Zip Code 43220	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Sally Clarke				Registration Number, if PAC	
Street Address 6600 Hall Road	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Galloway	State O H	Zip Code 43209	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Elizabeth Simanian				Registration Number, if PAC	
Street Address PO Box 255 1088 Sycamore St	Employer/Occupation/Labor Organization*		M 0 6	D 1 2	Y 0 6
City Lewis Center HARRISBURG	State O H	Zip Code 43126 43035	Form(Cash,Check,etc) Cash		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 \$ 700.00