

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 Margaret A. Hambleton			Registration Number, if PAC		
Street Address 2445 Haverford Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor David H. McDowell			Registration Number, if PAC		
Street Address 6900 Feder Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Galloway	State O	Zip Code 43119	Amount 550.00	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 0	D 5	Y 1
City Columbus	State O	Zip Code 43213	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Berkey			Registration Number, if PAC		
Street Address 650 Link Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Columbus	State O	Zip Code 43213	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount 0.00		Form(Cash,Check,etc)
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount 0.00		Form(Cash,Check,etc)
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount 0.00		Form(Cash,Check,etc)

* 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 \$ **850.00**