

## 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>Jeff Hall</b>			Registration Number, if PAC		
Street Address <b>2595 N High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43235</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Rick Ross</b>			Registration Number, if PAC		
Street Address <b>2045 S High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43207</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Donnie Long</b>			Registration Number, if PAC		
Street Address <b>5660 Elder Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>Canal Winchester</b>	State <b>O</b>	Zip Code <b>H 43110</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount <b>0.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount <b>0.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount <b>0.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount <b>0.00</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 \$ 300.00