

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 Richard W Holstein				Registration Number, if PAC	
Street Address 2301 Fairwood	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O H	Zip Code 43207	0 6 0 4 0 7	Amount 500.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Val B Boehm				Registration Number, if PAC	
Street Address 2555 Onandaga Drive	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O H	Zip Code 43221	0 6 0 4 0 7	Amount 950.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Ralph Casto				Registration Number, if PAC	
Street Address 1010 Rousseau Lane	Employer/Occupation/Labor Organization*		M	D	Y
City Galloway	State O H	Zip Code 43119	0 6 0 4 0 7	Amount 125.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Frank M Byers III				Registration Number, if PAC	
Street Address 5776 Royal Lytham Court	Employer/Occupation/Labor Organization*		M	D	Y
City Dublin	State O H	Zip Code 43017	0 6 0 4 0 7	Amount 500.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Dean C Ringle				Registration Number, if PAC	
Street Address 2051 Stokeswood Ct	Employer/Occupation/Labor Organization*		M	D	Y
City Dublin	State O H	Zip Code 43016	0 6 0 4 0 7	Amount 40.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Charles L Helm				Registration Number, if PAC	
Street Address 6720 Leapsway Drive	Employer/Occupation/Labor Organization*		M	D	Y
City Westerville	State O H	Zip Code 43081	0 6 0 4 0 7	Amount 420.00	
Form(Cash, Check, etc) Check					
Full Name of Contributor Friends Of O'Grady Committee				Registration Number, if PAC	
Street Address 271 East State Street	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O H	Zip Code 43215	0 6 0 4 0 7	Amount 375.00	
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 \$ 2,910.00