

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 Molly Speakman				Registration Number, if PAC	
Street Address 2375 Woodbrooke Circle N Condo C	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43223		Form(Cash,Check,etc) Cash	
Full Name of Contributor Dennis Steele				Registration Number, if PAC	
Street Address 7954 Harmill Drive	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Cash	
Full Name of Contributor Dana Hale				Registration Number, if PAC	
Street Address 96 N Hartford Avenue	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43222		Form(Cash,Check,etc) Cash	
Full Name of Contributor Andy Hale				Registration Number, if PAC	
Street Address 96 N Hartford Avenue	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43222		Form(Cash,Check,etc) Cash	
Full Name of Contributor Donnie Long				Registration Number, if PAC	
Street Address 197 W Columbus St	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Lithopolis	State O H	Zip Code 43136		Form(Cash,Check,etc) Cash	
Full Name of Contributor Donnie Davis				Registration Number, if PAC	
Street Address 23 Wood Avenue	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Columbus	State O H	Zip Code 100		Form(Cash,Check,etc) Cash	
Full Name of Contributor Tim Duffey				Registration Number, if PAC	
Street Address 6333 Frost Road	Employer/Occupation/Labor Organization*			M D Y 0 6 1 2 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43228		Form(Cash,Check,etc) Cash	

* 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**