Ohio Campaign Finance Report 23 AM 9: 56

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY BOARD OF ELECTIONS

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Full Name of Committee		Registration Number, if PAC								
Karnes For Sherif										
Full Name of Candidate										
James A. Karnes										
Street Address				Office Sought				District		
8336 Alkire Road		Franklin Co. Sheriff								
City ·				State Zip Code						
Galloway					0	H	431	19		
Type of Report	Pre-Primary	Post-Primary	X	2008 Pre-General		Post-Ge	neral	Annual Year		al Year
(place X to the left of report	July	August		September					Semiannual	
type)	Monthly	Monthly		Monthly		Termina	tion			
Amended Report?	k ' —	Report Electronically filed? Yes No		Date of Election		M		D		Y
Yes ✓ N	o					1	10	4	10	8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount brought forward from last report	\$ 57,343.95
2. Total monetary contributions (From Form No. 31-A)	\$ 1,200.00
3. Total other income (From Form No. 31-A-2)	\$ 9.13
4. Total funds available (sum of lines 1, 2, 3)	\$ 58,553.08
5. Total monetary expenditures (From Form No. 31-B)	\$ 6,240.19
6. Balance on hand (line 4 minus line 5)	\$ 52,312.89
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
Value of in-kind contributions made (From Form No. 31-J-2)	\$
Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

THE	INFORMATION	N CONTAIN	ED IN THIS	REPORT IS MADE UNI	DER THE PENALTY	OF ELECTION FALSIFICA	TION, WHO	IVER		
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Print	Name and Title (Ti	reasurer and	Deputy Treasi	irer only)	Signature /	SERVICE STATE OF THE SERVICE STATE STATE OF THE SER			Date	
Γ	Contribution			Expenditure		Other	7 [Total		
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