

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 Shaw				Registration Number, if PAC	
Street Address 2870 Creekwood Estate Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Blacklick	State OH	Zip Code 43004	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Craig Lee				Registration Number, if PAC	
Street Address 2918 Creekwood Estate Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Blacklick	State OH	Zip Code 43004	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Lisa Lee				Registration Number, if PAC	
Street Address 2918 Creekwood Estate Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Blacklick	State OH	Zip Code 43004	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor George Nunamaker				Registration Number, if PAC	
Street Address 279 Cole Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Galloway	State OH	Zip Code 43119	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Dean Haldeman				Registration Number, if PAC	
Street Address 6380 Skipping Stone Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City New Albany	State OH	Zip Code 43054	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Nona Sutton				Registration Number, if PAC	
Street Address 5640 Medallion Dr E	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Westerville	State OH	Zip Code 43082	Amount 30.00	Form(Cash,Check,etc) Check	
Full Name of Contributor James M Mentel				Registration Number, if PAC	
Street Address 653 Crescent Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Columbus	State OH	Zip Code 43204	Amount 50.00	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 \$ 580.00