

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Karnes For Sheriff Committee								
To Whom Paid Sandra Karnes					M	D	Y	Amount
					0	2	2	399.99
Address 8336 Alkire Road		Purpose Printer/Scanner/Fax/Copier						
City Galloway	State O H	Zip Code 43119	Check Number 1105					
To Whom Paid Cynthia Engram					M	D	Y	Amount
					0	3	0	75.49
Address 6229 White Sulphur Court		Purpose Inkjet cartridges						
City Grove City	State O H	Zip Code 43123	Check Number 1099					
To Whom Paid Sandra Karnes					M	D	Y	Amount
					0	4	2	117.00
Address 8336 Alkire Road		Purpose Postage - Golf Outing						
City Galloway	State O H	Zip Code 43119	Check Number 1108					
To Whom Paid Capital Awards					M	D	Y	Amount
					0	5	0	197.91
Address 5211 N. High Street		Purpose Golf outing awards						
City Columbus	State O H	Zip Code 43214	Check Number 1110					
To Whom Paid Specialty Golf					M	D	Y	Amount
					0	5	0	1,485.86
Address 1801 W. Hendersosn Road		Purpose Golf outing prizes						
City Columbus	State O H	Zip Code 43220	Check Number 1109					
To Whom Paid Barnside Sports					M	D	Y	Amount
					0	6	0	3,112.50
Address 260 Deerfield Road		Purpose Golf Outing Hats, Balls, Tees						
City Columbus	State O H	Zip Code 43228	Check Number 1111					
To Whom Paid Oakhurst Country Club					M	D	Y	Amount
					0	6	1	6,262.80
Address 3223 Norton Road		Purpose Tournament Fees and Buffet Food						
City Grove City	State O H	Zip Code 43123	Check Number 1112					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.