

Event Date	060407
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>				
Full Name of Contributor <b>American Family Insurance - Patricia Dews Agency</b>			Registration Number, if PAC	
Street Address <b>114 Norton Road</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   0   1   0   7</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Brooks for Commissioner</b>			Registration Number, if PAC	
Street Address <b>3886 N High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   7</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>J Gregory Hart</b>			Registration Number, if PAC	
Street Address <b>PO Box 298</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   0   4   0   7</b>	Amount <b>150.00</b>
City <b>Galloway</b>	State <b>O   H</b>	Zip Code <b>43119</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>0.00</b>
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>0.00</b>
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>0.00</b>
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>0.00</b>
City	State	Zip Code	Form(Cash, Check, etc)	

\* 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 \$ **300.00**