

## 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			М	D	Y	Amount	
Special Tee Golf			0 5	2 4	0 7	7	1,259.50
Address	Purpose						
1801 W. Hendersosn Road	Golf outin	ng prizes					
City	State	Check Number					
Columbus	O H	43220		1140	)		
To Whom Paid			М	D	Y	Amount	
Capital Awards			0.5	1	0 7	7	197.91
Address	Purpose		10.5	12 4	10 /	<u> </u>	177.71
5211 N. High Street	1 '	a o oruzanda					
City	Golf outin	Ch	Check Number				
	1	Zip Code	Cneck				
Columbus To Whom Paid	O H	43214	1	1141		_	
			М	D	Y	Amount	
Sandra Karnes			0 5	2 9	0 7	7	111.08
Address	Purpose						
8336 Alkire Road	Golf Outi						
City	State	Zip Code	Check 1	Number			
Galloway	OH	43119	1	1143	,		
To Whom Paid			М	D	Y	Amount	
Barnside Sports			0.5	0 1	0 7	7	<i>7</i> 95.00
Address	Purpose		- t			•	
260 Deerfield Road	Golf Outing Hats						
City	State	Zip Code	Check 1	Number			
Columbus	ОН	43228		1145			
To Whom Paid	10 11	10220	М	D D	Y	Amount	
Oakhurst Country Club			1	1	1		6 920 10
Address	Purpose		U   B	0 4	10 /		6,839.10
		10. (	1.6	1			
3223 Norton Road	Golf Outi						
City	1	Zip Code	Check Number				
Grove City	O H	43123		1146			
To Whom Paid			М	D	Y	Amount	
							0.00
Address	Purpose						
City	State	Zip Code	Check 1	Number			
To Whom Paid	<del></del>		M	D	Y	Amount	
				1		1	0.00
Address	Purpose			L	1	1	0.00
	1						
City	State	Zip Code	Check N	Virgan la se			
• ,	State	z.ip code	CHECK	varioei			
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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.