

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 Craig R Raphael				Registration Number, if PAC	
Street Address 1603 Green Frair Dr	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Columbus	State O	Zip Code 43228	Amount 30.00	Form(Cash,Check,etc) Check	
Full Name of Contributor James M Mental				Registration Number, if PAC	
Street Address 653 Crescent Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Columbus	State O	Zip Code 43204	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenters Local Union #200 PCE				Registration Number, if PAC #200 PCE	
Street Address 1545 Alum Creek Dr	Employer/Occupation/Labor Organization* Labor Organization		M 0	D 5	Y 2
City Columbus	State O	Zip Code 43209	Amount 1,100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Mike Vernon				Registration Number, if PAC	
Street Address 5267 W. Broad	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43228	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Pete Denlinger				Registration Number, if PAC	
Street Address 142 Summit	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Westerville	State O	Zip Code 43081	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Fred Rakes				Registration Number, if PAC	
Street Address 1749 White Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Grove City	State O	Zip Code 43123	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Bob Steele				Registration Number, if PAC	
Street Address 2607 Geyerwood	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Grove City	State O	Zip Code 43123	Amount 100.00	Form(Cash,Check,etc) Cash	

* 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

\$4,375.00

Total expenditures this event

11651.55

Page Total \$ 1,580.00