Event Date	061206
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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		•
Karnes For Sheriff Committee		
Full Name of Contributor	,	Registration Number, if PAC
Frank M Byers III		
Street Address	Employer/Occupation/Labor Organization	1 . 1 . 1 . 1
5776 Royal Lytham Ct		0 6 0 6 0 6 500.00
City	State Zip Code	Form(Cash,Check,etc)
Dublin	O H 43017	Check
Full Name of Contributor	, , , , , , , , , , , , , , , , , , , ,	Registration Number, if PAC
Angelina Welling		
Street Address	Employer/Occupation/Labor Organization	I I I I
12620 Oakmere Dr		0 6 0 5 0 6 250.00
City	State Zip Code	Form(Cash,Check,etc)
Pickerington	O   H   43147	Check
Full Name of Contributor		Registration Number, if PAC
Roy C Terry		
Street Address	Employer/Occupation/Labor Organization	1 1 1 2
508 Foxtrail Cir W		0 6 0 5 0 6 125.00
City	State Zip Code	Form(Cash,Check,etc)
Westerville	O H 43081	Check
Full Name of Contributor		Registration Number, if PAC
Roger A Holstein		
Street Address	Employer/Occupation/Labor Organization	1 1 1 1
573 Olentangy Woods Dr		0 6 0 5 0 6 300.00
City	State Zip Code	Form(Cash,Check,etc)
Columbus	O H 43235	Check
Full Name of Contributor		Registration Number, if PAC
David K Deiley		
Street Address	Employer/Occupation/Labor Organization	
152 Cheshire Crossing		0 6 0 5 0 6 500.00
City	State Zip Code	Form(Cash,Check,etc)
Deleware	O H 43015	Check
Full Name of Contributor		Registration Number, if PAC
Jennifer F Schneider		
Street Address	Employer/Occupation/Labor Organization	
4325 Woodhall Road		0 6 0 5 0 6 500.00
City	State Zip Code	Form(Cash,Check,etc)
Upper Arlington	O H 43220	Check
Full Name of Contributor		Registration Number, if PAC
Steven L Schirtzinger		
Street Address	Employer/Occupation/Labor Organization	
7668 Blue Fescue Drive	1	0 6 0 5 0 6 500.00
City	State Zip Code	Form(Cash,Check,etc)
Westerville	O H 43082	Check
* Descriped for contributions from individuals over \$100 to states	ride and consent assembly condidates. If contributes	is calf-amployed, accountaion rather than amployer

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	
Total Controlled this Cont	Total expenditues mis over	Page Total \$ 2.675.00

<sup>\*</sup> 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)]