Event Date	061206
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Sec	retary of State 02/01					
Name of Committee in Full								
Karnes For Sheriff Committee				.,.				
Full Name of Contributor				Registration Number, if PAC				
David Lancione, LLC - Attorney at Lav		10		1	-			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	100.00
1041 Summit Street						0 6		100.00
City	Sta		Zip Code		sh,Checl	. ′		
Columbus		H	43201		Chec.			
Full Name of Contributor				Registra	non Num	ber, if PA	C	
J Gregory Hart Street Address PO Box 298 - 2417 DARBY CREEK I	IE	·(O	sing/ star One-insting	1	<u> </u>	I v	A	
DO Par 200 - 2147 DARBY (REEK)	KD mpioyer	/Occupa	anon/Lador Organization*	M	D 0 1	Y	Amount	190.00
PO BOX 298 - 2417 - 1 - 7 - G-2-1-1	Can	4	7: Cada		0 1			190.00
^{City} Galloway	1 .	H	Zip Code 43119	,	Checl			
Full Name of Contributor		11	43119	-		ber, if PA	Ċ	
Paul Tipps				Registra	HOII INGH	ioci, ii ra	C	
Street Address	Employer	/Occups	ation/Labor Organization*	M	D	Y	Amount	
137 East State Street	Employer	Cocupe	MONTAGO OF BAILDANION	$0 \mid 5$	ŀ	0 6	I dirodin	250.00
City	Sta	te	Zip Code	Form(Ca				250.00
Columbus		H	43215		Chec			
Full Name of Contributor		11	10210			ber, if PA	C	
Robert Timmons				1.08.2			•	
Street Address	Employer	/Оссира	ation/Labor Organization*	М	D	Y	Amount	·
3773 Mill Stream Drive	Employer overputou Euror organization					0 6		230.00
City	Sta	te	Zip Code		sh Check			200,00
Hilliard	01	Н	43026	`(Checl	k		
Full Name of Contributor	1		<u> </u>			ber, if PA	C	
Ralph E Casto								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
1010 Rousseau Ln.				0 5	1 0	0 6		30.00
City	Sta	te	Zip Code	Form(Ca	sh,Check	c,etc)		
Galloway	$\log 1$	Η	43119	1	Checl	k ·		
Full Name of Contributor				Registrat	ion Num	ber, if PA	C	
Desiree Dardio Wills								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
7177 Stahl Road				0 5		0 6		100.00
City	Sta		Zip Code		sh,Check			
Orient		H	43146	(Checl	K !		
Full Name of Contributor			•	Registrat	ion Num	ber, if PA	C	
David A Shaffer				1				
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	40000
1350 Oxley Road				0 4		0 6		100.00
City	Stat		Zip Code	Form(Ca		. '		
Columbus		Н	43212	(Checl	K		
* Dequired for contributions from individuals over \$100 to statewide and	nanaral acce	ambly o	andidates. If contributor is self.s	amployed a	nccunatio	n rather ti	on employer	•

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 \$1,000.00_

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)]