

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 Karnes For Sheriff Committee				
Full Name of Contributor IBEW - COPE			Registration Number, if PAC	
Street Address 900 Seventh Street NW	Employer/Occupation/Labor Organization* Labor Organization		M D Y 0 5 2 2 0 7	Amount 600.00
City Washington	State D C	Zip Code 20001	Form (Cash, Check, etc) Check	
Full Name of Contributor Innovative Architectural Planners			Registration Number, if PAC	
Street Address 8760 Orion Place, Ste 204	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 7	Amount 500.00
City Columbus	State O H	Zip Code 43240	Form (Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount 0.00
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 0.00
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 0.00
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 0.00
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 0.00
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
18640.00

Total expenditures this event
9202.59

Page Total \$ **1,100.00**