

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 Joellen Wood dba Woodsmill Appraisals				Registration Number, if PAC	
Street Address 1960 Diamondback Drive	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 0 7	Amount 730.00	
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check		
Full Name of Contributor Eric S Brown				Registration Number, if PAC	
Street Address 34 West Poplar Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 0 7	Amount 100.00	
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		
Full Name of Contributor Dana L Hale				Registration Number, if PAC	
Street Address 1369 Falene Place	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 0 7	Amount 300.00	
City Galloway	State O H	Zip Code 43119-9105	Form(Cash, Check, etc) Check		
Full Name of Contributor Frederick Rake				Registration Number, if PAC	
Street Address 1749 White Road	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 0 7	Amount 125.00	
City Grove City	State O H	Zip Code 43123	Form(Cash, Check, etc) Check		
Full Name of Contributor John E Hykes				Registration Number, if PAC	
Street Address 1865 Torchwood Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 0 6	Amount 125.00	
City Columbus	State O H	Zip Code 43220	Form(Cash, Check, etc) Check		
Full Name of Contributor Eda M Champ				Registration Number, if PAC	
Street Address 34 Keene Drive	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 7	Amount 100.00	
City Westerville	State O H	Zip Code 43081	Form(Cash, Check, etc) Check		
Full Name of Contributor Karen S Berkey				Registration Number, if PAC	
Street Address 650 Link Road	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 0 7	Amount 100.00	
City Columbus	State O H	Zip Code 43213	Form(Cash, Check, etc) Check		

* 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

Total expenditures this event

Page Total \$ 1,580.00