

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 James A Binger				Registration Number, if PAC	
Street Address 2863 Creekwood		Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 7	Amount 125.00
City Blackwood	State O H	Zip Code 43004		Form(Cash,Check,etc) Check	
Full Name of Contributor Kenneth L Barton				Registration Number, if PAC	
Street Address 6951 Feder Road		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 500.00
City Galloway	State O H	Zip Code 43119		Form(Cash,Check,etc) Check	
Full Name of Contributor Arthur E Lee				Registration Number, if PAC	
Street Address 189 N Nelson Road		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 790.00
City Columbus	State O H	Zip Code 43219		Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Schirtzinger				Registration Number, if PAC	
Street Address 7668 Blue Fescue Drive		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 500.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert S Steele				Registration Number, if PAC	
Street Address 2607 Geyerwood Court		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 125.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Taylor				Registration Number, if PAC	
Street Address 445 Village Drive		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 125.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Richard W Holstein				Registration Number, if PAC	
Street Address 2301 Fairwood Avenue		Employer/Occupation/Labor Organization*		M D Y 0 6 0 4 0 7	Amount 500.00
City Columbus	State O H	Zip Code 43207		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 \$ 2,665.00