

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>					
Full Name of Contributor <b>Robert L Oppenheimer</b>				Registration Number, if PAC	
Street Address <b>811 Wakeman Court</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   4   2   7   0   6	100.00
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Rhett C Ricart</b>				Registration Number, if PAC	
Street Address <b>PO Box 27130 1661 WINDWAY CT.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   4   2   7   0   6	100.00
City <b>Columbus BLACKLICK</b>		State <b>O   H</b>	Zip Code <b>43001 43227</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Eda M Champ</b>				Registration Number, if PAC	
Street Address <b>34 Keene Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   5   0   9   0   6	100.00
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Donald F Brosius</b>				Registration Number, if PAC	
Street Address <b>2481 Sherwood Road</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   4   2   6   0   6	100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Paul W Grossman</b>				Registration Number, if PAC	
Street Address <b>2420 Johnston Road</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   4   2   7   0   6	125.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43220</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
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
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

Total expenditures this event

Page Total \$ 525.00