

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Kambon.EDU							
Full Name of Contributor Virgina Hardy				Registration Number, if PAC			
Street Address 3481 Liv-Moor Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43227	Form(Cash,Check,etc) Cash			
Full Name of Contributor Desiree Riley							
Street Address 1268 N. 4th Street Apt. F				Registration Number, if PAC			
Street Address 1268 N. 4th Street Apt. F		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Joan Mixon							
Street Address 3765 Walnut Creek Dr				Registration Number, if PAC			
Street Address 3765 Walnut Creek Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Joyce Mills							
Street Address 2478 Stafford Pl.				Registration Number, if PAC			
Street Address 2478 Stafford Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Drina Smith							
Street Address 1220 Ellsworth Ave				Registration Number, if PAC			
Street Address 1220 Ellsworth Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Victoria White							
Street Address 2856 Leatherwood Dr				Registration Number, if PAC			
Street Address 2856 Leatherwood Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Gayle Wilson							
Street Address 3112 Genevieve Dr				Registration Number, if PAC			
Street Address 3112 Genevieve Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Columbus		State OH	Zip Code 43219	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 \$ 200.00