

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Kambon.EDU</b>				
Full Name of Contributor <b>McCullough Williams III Esquire</b>			Registration Number, if PAC	
Street Address <b>6171 Lynamne CT</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43231</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Yvette S. Weaver</b>			Registration Number, if PAC	
Street Address <b>707 Fairway Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>125.00</b>
City <b>Whitehall</b>	State <b>O   H</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Nozipho N. Nxumalo</b>			Registration Number, if PAC	
Street Address <b>6023 Rover Lane</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Performance Consulting Services</b>			Registration Number, if PAC	
Street Address <b>131 Franklin Park West</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Vincent Brown</b>			Registration Number, if PAC	
Street Address <b>7162 Reading Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45237</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>A Cut Above the Rest DBA Taste of Mt Vernon</b>			Registration Number, if PAC	
Street Address <b>346 N. 20th St.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tamara L. Nathan</b>			Registration Number, if PAC	
Street Address <b>450 Clairbrook Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 600.00