

31-E

R.C. 3517.10(B)

Event Date 5/7
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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 Mychal Wynn			Registration Number, if PAC	
Street Address 4829 Lake Fjord Pass	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Marietta	State G A	Zip Code 30068	Form(Cash,Check,etc) Check	
Full Name of Contributor Crabbe Brown & James			Registration Number, if PAC	
Street Address 500 South Front St, Ste 1200	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Larry & Donna James			Registration Number, if PAC	
Street Address One Miranova Pl, Ste 1040	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Maria J. Scott			Registration Number, if PAC	
Street Address 59 Franklin Park W	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Annie & Eugene Peyton			Registration Number, if PAC	
Street Address 1458 E Weber Rd	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43211	Form(Cash,Check,etc) Check	
Full Name of Contributor Frances C. Frazier			Registration Number, if PAC	
Street Address 3466 Bolton Ave	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43227	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerry & Gayle Saunders			Registration Number, if PAC	
Street Address 2788 Floribunda Dr	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43209	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 \$ 700.00