

31-E

R.C. 3517.10(B)

Event Date 5/7
 Page 5

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 Albert Edmonson | | | | Registration Number, if PAC | |
| Street Address 346 N 20th St | | Employer/Occupation/Labor Organization* | | M D Y 5 1 9 0 9 | Amount 75.00 |
| City Columbus | State O H | Zip Code 43203 | | Form(Cash,Check,etc) Money Order | |
| Full Name of Contributor Perry Lewis | | | | Registration Number, if PAC | |
| Street Address 1482 Pearson Ave SW | | Employer/Occupation/Labor Organization* | | M D Y 5 1 9 0 9 | Amount 100.00 |
| City Birmingham | State A L | Zip Code 35211 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Joyce Gibbs | | | | Registration Number, if PAC | |
| Street Address 31 9th Court West | | Employer/Occupation/Labor Organization* | | M D Y 5 2 3 0 9 | Amount 100.00 |
| City Birmingham | State A L | Zip Code 35204 | | 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) | |
| 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) | |
| 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, 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 \$ 275.00