

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 <b>Kambon.EDU</b>					
Full Name of Contributor <b>Ronald &amp; Jannie Carter</b>				Registration Number, if PAC	
Street Address <b>280 Carters Gin</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Toney</b>	State <b>A   L</b>	Zip Code <b>35773</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Judson L Jefferies</b>				Registration Number, if PAC	
Street Address <b>3800 Kellen Dr.</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>43230</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cathy L. Morris</b>				Registration Number, if PAC	
Street Address <b>637 E. 41st St, Unit 2</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Chicago</b>	State <b>I   L</b>	Zip Code <b>60654</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert &amp; Anita Burley</b>				Registration Number, if PAC	
Street Address <b>133 Thornberry Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Pittsburgh</b>	State <b>P   A</b>	Zip Code <b>15235</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey &amp; Angela Dennis</b>				Registration Number, if PAC	
Street Address <b>508 Misty Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Copley</b>	State <b>O   H</b>	Zip Code <b>44321</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeff Cabot</b>				Registration Number, if PAC	
Street Address <b>258 Winthop Rd</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>43214</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bishop Jerome H Ross</b>				Registration Number, if PAC	
Street Address <b>845 Mueller Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>Cash</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 \$ 700.00