

## 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>JUDY &amp; LOUIS HARPER</b>				Registration Number, if PAC	
Street Address <b>7981 EURAGREY COURT</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>BLACKLICK</b>	State <b>OH</b>	Zip Code <b>43004</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>20.00</b>
Full Name of Contributor <b>STEPHANIE HOWELL</b>				Registration Number, if PAC	
Street Address <b>3566 MOLTS COURT</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>CANAL WINCHESTER</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>25.00</b>
Full Name of Contributor <b>JULIA CARPENTER-HUBIN</b>				Registration Number, if PAC	
Street Address <b>69 N. OHIO AVE</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>
Full Name of Contributor <b>BERNICE McDANIEL</b>				Registration Number, if PAC	
Street Address <b>1411 KENWICK ROAD</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>
Full Name of Contributor <b>BEVERLY MOTLEY</b>				Registration Number, if PAC	
Street Address <b>1559 MULLIGAN COURT</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>10.00</b>
Full Name of Contributor <b>BARBARA L BAYLESS</b>				Registration Number, if PAC	
Street Address <b>4812 CRAZY HORSE LN</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>JOSEPHINE P MACK</b>				Registration Number, if PAC	
Street Address <b>935 N NELSON ROAD</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>12</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc)		Amount <b>25.00</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 \$ 155.00