

Event Date	<u>Mar. 11</u>
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kambon . EDU								
To Whom Paid Walmart					M	D	Y	Amount
					0	3	1	41.96
Address 3657 E. Main Street		Purpose Zanzibar Brews Celebration Cake						
City Columbus	State OH	Zip Code 43213	Check Number 999992					
To Whom Paid Zanzibar Brews					M	D	Y	Amount
					0	3	1	48.03
Address 740 E. Long St.		Purpose Beverages						
City Columbus	State OH	Zip Code 43203	Check Number 999993					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>89.99</u>
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