Event Date	Aug. 22
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

				20/00/2001/00/2000				
Name of Committee in Full								
KAMBON.EDU				~	~~~~			
To Whom Paid	_		М	D	Y	Amount	20.00	
LIVINGSTON STATION POST OFFICI			10 8	1 1	0 9		28.00	
Address	Purpose							
3850 E. Livingston	STAMPS		10.					
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LOLITA AUGUSTINE	·			22	VI		44.97	
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City	State	Zip Code	Cneck I					
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Address Purpose								
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City	State	Zip Code	CHECK	vamoei				
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Address	Purpose							
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Address	Purpose					<u> </u>		
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City	State	Zip Code	Check	Number	·			
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I.	and an annual contract of the		in and the second second	CONTRACTOR OF THE PARTY OF THE			The second secon	

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 \$	72.97
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