

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 VANESSA & LARRY JONES				Registration Number, if PAC	
Street Address 371 HARLANDAVE	Employer/Occupation/Labor Organization*			M 1	D 01
City COLUMBUS	State OH	Zip Code 43207	Y 09	Amount 25.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor GARY BAKER				Registration Number, if PAC	
Street Address 2142 STAGHORN WAY	Employer/Occupation/Labor Organization*			M 1	D 01
City COLUMBUS	State OH	Zip Code 43213	Y 09	Amount 20.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor EVELYN WHITED				Registration Number, if PAC	
Street Address 2641 MITZI DRIVE	Employer/Occupation/Labor Organization*			M 1	D 01
City COLUMBUS	State OH	Zip Code 43209	Y 09	Amount 35.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JOYCE BELLINGER				Registration Number, if PAC	
Street Address 8679 BIRCH BROCK LOOP NW	Employer/Occupation/Labor Organization*			M 1	D 01
City COLUMBUS	State OH	Zip Code 43147	Y 09	Amount 100.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JAMES PEARSON				Registration Number, if PAC	
Street Address 3224 CANNOCK LANE	Employer/Occupation/Labor Organization*			M 1	D 01
City COLUMBUS	State OH	Zip Code 43219	Y 09	Amount 40.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor BARBARA J MOTLEY				Registration Number, if PAC	
Street Address 4306 PORTOBELLO DRIVE	Employer/Occupation/Labor Organization*			M 1	D 01
City GAHANNA	State OH	Zip Code 43230	Y 09	Amount 25.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount	
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 \$ **245.00**