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Statement of Other Income

Prescribed by Secretary of State 2/01

			edenus consinerations						
Name of Committee in Full									
KAMBON.EDU			· ·	***************************************	***				
Full Name				Registration Number, if PAC					
Hanifak Kambon				·			·		
Address	Type*		М	D	Y	Amount			
63 N. Ohio Avenue	L N			0 9	0 9		500.00		
City	State	Zip Code		sh,Check					
Columbus	$O \mid H$	43203	CASH						
Full Name		Registration Number, if PAC							
Address	Type*		M	D	Y	Amount			
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City	State	Zip Code	Form(Ca	ash,Check	,etc)				
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Full Name					Registration Number, if PAC				
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City	State	Zip Code	Form(Ca	ash,Check	,etc)				
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Full Name				Registration Number, if PAC					
Address	Type*		М	D	Y	Amount			
		47							
Cíty	State	Zip Code	Form(C	ash,Check	,etc)				
Full Name				Registration Number, if PAC					
Address	Туре*		М	D	Y	Amount			
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sarceinada									
Full Name				Registration Number, if PAC					
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Full Name				Registration Number, if PAC					
						-			
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(C	Form(Cash,Check,etc)					
Full Name				Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	<u> </u>		
							Daniel Indianos India		
City	State	Zip Code	Form(C	ash,Checl	(,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 500.00

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,