Page <u>Z</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Kambon EDU			ξη	N	on if D A	C		
Full Name of Contributor			Kegistrat	ion Numb	er, if PA	C.		
Marsee Waddell				***************************************	1	Form (Cash, Che	ok etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				•	.c., 510.J	
6654 Warriner Way				- T		Cash Amount		
City	State	Zip Code	M	D		Amount	25.00	
Canal Winchester	OH	43110	0 8	2 2	0 9		25.00	
Full Name of Contributor			Registrat	ion Numb	oer, if PA	C		
Valarie Banks						E (C 1 C)		
Street Address	Employer/Occu	pation/Labor Organization*	r.			Form (Cash, Che	eck, etc.)	
					- ,, -	Cash		
City	State	Zip Code	M	D	Y	Amount	22.00	
			0 8	2 2	0 9		23.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C		
Melody Bankhead								
Street Address	Employer/Occu	pation/Labor Organization ^a	*			Form (Cash, Che	eck, etc.)	
2247 Lawndale Ave						Cash		
City	State	Zip Code	M	D	Y	Amount	ar 00	
Columbus	0 H	43207	0 8		0 9		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	rC		
Roxyanne Burrus								
Street Address	Employer/Occu	*			Form (Cash, Ch	eck, etc.)		
many year						Check		
City	State	Zip Code	M	D	Y	Amount	a= 00	
			0 8		0 9		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.		
Martha Hughes Jenkins					manuscope en contraction de la			
Street Address	Employer/Occi	*			Form (Cash, Check, etc.)			
					,	Check		
City	State	Zip Code	M	D	Y	Amount	e = 00	
			0 8	and a second	0 9		25.00	
Full Name of Contributor			Registra	ation Nur	ber, if P	AC		
Joseph Allen								
Street Address Employer/Occupation/Labor Organization*)*				Form (Cash, Check, etc.)		
			~~~	·	Check			
City	State	Zip Code	M	D	Y	Amount	, A	
			0 8		A CONTRACTOR OF THE PARTY OF TH	The state of the s	25.00	
Full Name of Contributor			Registr	ation Nun	ber, if P.	AC		
Hazel P. Flowers						A		
Street Address	Employer/Occ	1*			Form (Cash, Cl	neck, etc.)		
						Check		
City	State	Zip Code	M	D	Y	Amount		
			0 8				25.00	
Full Name of Contributor			Registr	ation Nun	nber, if P	AC		
Alice Flowers					-			
Street Address Employer/Occupation/Labor Organization			n*	*			Form (Cash, Check, etc.)	
Name of the Control o						Check		
City	State	Zip Code	M	D	Y	Amount		
			0 8	2 2	0 9		25.00	

* 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)]

Page Total \$198.00		Page Tota	\$	198.00
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