Event Date	10/12/09
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by Secre			
Name of Committee in Full				
KAMBON.EDU				
Full Name of Contributor	Registration Number, if PAC			
JUDY & LOUIS HARPER				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
7981 EURAGREY COURT			1 10 1 2 09	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
BLACKLICK	OH	43004	CASH	
Full Name of Contributor		L. L. Company of the	Registration Number, if PAC	
STEPHANIE HOWELL				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
3566 MOLTS COURT		-	1 0 1 2 0 9	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
-		43110	CASH	
CANAL WINCHESTER	OH	40110	Registration Number, if PAC	
Full Name of Contributor			Registration Number, it FAC	
JULIA CARPENTER-HUBIN	-		M D Y Amount	
Street Address	Employer/Occup	nation/Labor Organization*		OF 00
69 N. OHIO AVE			1 0 1 2 0 9	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	OH	43203	CHECK	
Full Name of Contributor			Registration Number, if PAC	
BERNICE McDANIEL				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
1411 KENWICK ROAD			1 0 1 2 0 9	25.00
City	State	Zip Code	Form(Cash,Check,ctc)	
COLUMBUS	OH	43209	CHECK	
Full Name of Contributor	011	The same of the sa	Registration Number, if PAC	
BW MOTLEY				
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
B	Employer/occup	patron basor organization	1 0 1 2 0 9	10.00
1559 MULLIGAN COURT	State	Zip Code	Form(Cash, Check, etc)	10.00
City	1 ,		CASH	
REYNOLDSBURG	OH	43068		
Full Name of Contributor			Registration Number, if PAC	
BARBARA L BAYLESS				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
4812 CRAZY HORSE LN			1 0 1 2 0 9	25.00
City	State	Zip Code	Form(Cash,Check,ctc)	
westerville	OH	43081	check	
Full Name of Contributor	mananan mada mananan hasan ma		Registration Number, if PAC	
JOSEPHINE P MACK				
Stroot Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
935 N NELSON ROAD			1 0 1 2 0 9	25.00
City	State	Zip Code	Form(Cash,Check,ete)	
COLUMBUS	OH	43219		
COLUMBOS	JUH	10217		

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 \$	155.00
			100.00
	1		

^{*} 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)]