

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 CYNTHIA C JOHNSON						Registration Number, if PAC	
Street Address 4560 D LAKESIDE N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City COLUMBUS		State O	Zip Code 43232	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor STEVEN A MILLER						Registration Number, if PAC	
Street Address 7176 OLIVER WINCHESTER DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	25.00
City CANAL WINCHESTER		State O	Zip Code 43110	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor MARY J MORTON						Registration Number, if PAC	
Street Address 1075 BEECHWOOD RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City COLUMBUS		State O	Zip Code 43227	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor TAMARA L NATHAN						Registration Number, if PAC	
Street Address 450 CLAIBROOK AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City COLUMBUS		State O	Zip Code 43228	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor JOANNE K O'CARROLL						Registration Number, if PAC	
Street Address 1019 CONANT DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City COLUMBUS		State O	Zip Code 43229	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor DEBRA J ODOM						Registration Number, if PAC	
Street Address 2962 GRANADA HILLS DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City COLUMBUS		State O	Zip Code 43231	Form(Cash,Check,etc) CHECK			
		H					
Full Name of Contributor NINA PACE						Registration Number, if PAC	
Street Address 151 N KELLNER RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City COLUMBUS		State O	Zip Code 43209	Form(Cash,Check,etc) CHECK			
		H					

* 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