

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU							
Full Name of Contributor COLUMBUS FRANKLIN COUNTY, AFL-CIO PLE					Registration Number, if PAC		
Street Address 1545 ALUM CREEK DRIVE, 2ND FL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 1 0	D 2 3	Y 0 9	Amount 300.00	
Full Name of Contributor COLEMAN FOR COLUMBUS					Registration Number, if PAC		
Street Address 550 E. WALNUT STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 1 9	Y 0 9	Amount 200.00	
Full Name of Contributor AKO KAMBON					Registration Number, if PAC		
Street Address 63 N. OHIO AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43203	M 1 0	D 1 9	Y 0 9	Amount 1,000.00	
Full Name of Contributor LISA TWITTY					Registration Number, if PAC		
Street Address 736 CORGI DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 1 0	D 2 0	Y 0 9	Amount 25.00	
Full Name of Contributor NANCY TIDWELL					Registration Number, if PAC		
Street Address 1693 SPARTAN DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 1 0	D 2 0	Y 0 9	Amount 50.00	
Full Name of Contributor BARBARA ALLISON					Registration Number, if PAC		
Street Address PO BOX 09504		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 1 0	D 2 0	Y 0 9	Amount 20.00	
Full Name of Contributor JUDITH CATOZZA GATTI					Registration Number, if PAC		
Street Address 2378 ZINER CIRCLE N.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State O H	Zip Code 43123	M 1 0	D 2 5	Y 0 9	Amount 40.00	
Full Name of Contributor JUANITA HAYNESWORTH					Registration Number, if PAC		
Street Address 1194 E. 15TH AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43211	M 1 0	D 1 4	Y 0 9	Amount 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)]