

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 McCullough Williams III Esquire			Registration Number, if PAC	
Street Address 6171 Lyanne CT	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 100.00
City Columbus	State O H	Zip Code 43231	Form(Cash,Check,etc) Check	
Full Name of Contributor Yvette S. Weaver			Registration Number, if PAC	
Street Address 707 Fairway Blvd	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 125.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Nozipho N. Nxumalo			Registration Number, if PAC	
Street Address 6023 Rover Lane	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 25.00
City Columbus	State O H	Zip Code 43232	Form(Cash,Check,etc) Check	
Full Name of Contributor Performance Consulting Services			Registration Number, if PAC	
Street Address 131 Franklin Park West	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 50.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Vincent Brown			Registration Number, if PAC	
Street Address 7162 Reading Rd	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 50.00
City Cincinnati	State O H	Zip Code 45237	Form(Cash,Check,etc) Check	
Full Name of Contributor A Cut Above the Rest DBA Taste of Mt Vernon			Registration Number, if PAC	
Street Address 346 N. 20th St.	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 50.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Check	
Full Name of Contributor Tamara L. Nathan			Registration Number, if PAC	
Street Address 450 Clairbrook Ave	Employer/Occupation/Labor Organization*		M D Y 5 7 09	Amount 200.00
City Columbus	State O H	Zip Code 43228	Form(Cash,Check,etc) Check	

* 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 \$ 600.00