

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kambon, Edu							
Full Name of Contributor Carol A. Rivers						Registration Number, if PAC	
Street Address 4799 Cypress Grove Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 2681	
City Groveport, Ohio		State Oh		Zip Code 43215		M D Y 11 03 12	
						Amount 25-	
Full Name of Contributor Diana K. Williams (Dr)						Registration Number, if PAC	
Street Address 12486 West Bank Dr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 4923	
City Millersport		State Oh		Zip Code 43046		M D Y 11 02 12	
						Amount 25-	
Full Name of Contributor Brenda K. Haynes						Registration Number, if PAC	
Street Address 1166 E. Weber Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 5559	
City Columbus		State Oh		Zip Code 43211		M D Y 11 11 12	
						Amount 700-	
Full Name of Contributor Annie F. Peyton + Eugene Peyton						Registration Number, if PAC	
Street Address 1458 E Weber Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 5559	
City Columbus		State Oh		Zip Code 43211		M D Y 11 11 12	
						Amount 100-	
Full Name of Contributor Marcus Ross (Attorney)						Registration Number, if PAC	
Street Address 2740 Airport Dr Ste 300				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 1158	
City Columbus		State Oh		Zip Code 43219-2286		M D Y 11 07 12	
						Amount 100-	
Full Name of Contributor Teaira Stroman						Registration Number, if PAC	
Street Address 247 Fremont Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus		State Oh		Zip Code 43204		M D Y 10 30 12	
						Amount 7.00	
Full Name of Contributor Hanifah Kambon Learning Center						Registration Number, if PAC	
Street Address 858 E Third				Employer/Occupation/Labor Organization* From 31-E		Form (Cash, Check, etc.)	
City Columbus		State Oh		Zip Code 43201		M D Y 10 30 12	
						Amount 2323.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
						Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]