

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Kambon, Edu							
Full Name of Contributor				Registration Number, if PAC			
Brenda Haynes							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1166 Silveyant Ave				10	10	13	50.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Columbus		Oh	43227				
Full Name of Contributor				Registration Number, if PAC			
Lloyd Martin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
420 Fall River Dr.				10	10	13	20 -
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Reynoldsburg Ohio		Oh	43068				
Full Name of Contributor				Registration Number, if PAC			
Ray & Sharon Bowman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
205 N. Harding Rd		235-4331		10	10	13	50.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Columbus Oh 43209		Oh	43209				
Full Name of Contributor				Registration Number, if PAC			
Jacqueline Moneriet							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1858 Riverdale Rd		866-9767		10	10	13	50.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Columbus		Oh	43232				
Full Name of Contributor				Registration Number, if PAC			
Joseph T. Allen & Barb Motley							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3387 Patriot Blvd.		478-8249		10	10	13	100.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Columbus		Oh	43219				
Full Name of Contributor				Registration Number, if PAC			
Martha Dillard							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 15403				10	10	13	30.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Columbus		Oh	43215	Money Order			
Full Name of Contributor				Registration Number, if PAC			
Corey Humphries							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8582 Wildomar Ave				10	10	13	50.00
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Reynoldsburg		Oh	43068				

\* 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)]

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

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Total expenditures this event.

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Page Total \$

350.00

Sheila