Page 4	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Kambon.EDU							
Full Name of Contributor			Registra	Registration Number, if PAC			
Micheal R. Dave							
Street Address	Employer/Occi	on*			Form (Cash, Check, etc.)		
5500 Latrobe st.						Pay Pal	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	1 0	1 3	0 9	25.00	
Full Name of Contributor	ant a composition and annotation and a second annotation of fine and in the improvement any annotation as and		The second secon	Name and Address of the Owner, where the Owner, which is the Owner	nber, if P.	Announcement of the commence o	
Contributions from Event 1	0/12						
Street Address		upation/Labor Organizati	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				a a process		880.00	
Full Name of Contributor			Registra	Registration Number, if PAC			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	

Full Name of Contributor			Registra	ation Nun	nber, if P.	AC	
Street Address	Employer/Occi	upation/Labor Organizati	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		***************************************		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				İ			
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	

Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
Street Address	Employer/Occi	ıpation/Labor Organizati	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				Value dans	i		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)		
						THE COLUMN TO THE COLUMN THE COLU	
City	State	Zip Code	M	D	Y	Amount	

Page Total \$	005.00
rage rotara	905.00

^{*} 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)]