

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 Lisa Carter				Registration Number, if PAC	
Street Address 1820 Ferntree Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 25.00
City Columbus	State OH	Zip Code 43209		Form(Cash,Check,etc) Cash	
Full Name of Contributor Thelma Brooks				Registration Number, if PAC	
Street Address 1695 Penfield Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 25.00
City Columbus	State OH	Zip Code 43227		Form(Cash,Check,etc) Cash	
Full Name of Contributor Mary Tate / Beverley Motley				Registration Number, if PAC	
Street Address 1559 Mulligan Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 20.00
City Reynoldsburg	State OH	Zip Code 43068		Form(Cash,Check,etc) Cash	
Full Name of Contributor Miller Barnes Jr				Registration Number, if PAC	
Street Address 1750 Halleck Pl		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 20.00
City Columbus	State OH	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph Allen				Registration Number, if PAC	
Street Address 3387 Patriot Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 25.00
City Columbus	State OH	Zip Code 43219		Form(Cash,Check,etc) Check	
Full Name of Contributor Barbara Motley				Registration Number, if PAC	
Street Address 4306 Portobello Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 0 9	Amount 20.00
City Gahanna	State OH	Zip Code 43230		Form(Cash,Check,etc) Cash	
Full Name of Contributor Geraldine Phifer				Registration Number, if PAC	
Street Address 4360 Wyandotte Woods		Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 9	Amount 25.00
City Dublin	State OH	Zip Code 43016		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 \$ 160.00