

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON.EDU</b>							
Full Name of Contributor <b>DAVID HUGHES</b>					Registration Number, if PAC		
Street Address <b>992 N. NELSON ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	20.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43219</b>		Form(Cash,Check,etc) <b>CASH</b>	
Full Name of Contributor <b>CATHY STEVENSON</b>					Registration Number, if PAC		
Street Address <b>3443 PINE WAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	25.00
City <b>POWELL</b>		State <b>O</b>	H	Zip Code <b>43065</b>		Form(Cash,Check,etc) <b>CASH</b>	
Full Name of Contributor <b>SHADE OJIBE</b>					Registration Number, if PAC		
Street Address <b>84 CARONA CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	25.00
City <b>SILVER SPRING</b>		State <b>M</b>	D	Zip Code <b>20905</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>DOROTHY D ALEXANDER</b>					Registration Number, if PAC		
Street Address <b>2187 LISTON AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	25.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43207</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>MARCIA L CONLEY</b>					Registration Number, if PAC		
Street Address <b>3443 PINE WAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	25.00
City <b>POWELL</b>		State <b>O</b>	H	Zip Code <b>43065</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>CYNTHIA O WOOTEN</b>					Registration Number, if PAC		
Street Address <b>2084 NOBLESIRE RD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	25.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43229</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>KATHY ESPY</b>					Registration Number, if PAC		
Street Address <b>1350 BROOKWOOD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	50.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code		Form(Cash,Check,etc) <b>CASH</b>	

\* 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 \$ 195.00