

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

Prescribed by Secretary of State 03/05

Triedstone Church

Name of Committee in Full Kambon, Edu.			
Full Name of Contributor Alice Flowers		Registration Number, if PAC	
Street Address 46 W. Ohio Ave	Employer/Occupation/Labor Organization* 253-5796	M D Y 10 30 12	Amount 50-
City Columbus	State Oh	Zip Code 43203	Form (Cash, Check, etc.) 9647
Full Name of Contributor Joyce K. Bellinger		Registration Number, if PAC	
Street Address 8679 Birch Brook Loop NW	Employer/Occupation/Labor Organization* 322-9464	M D Y 10 30 12	Amount 100
City Pickerington, Oh	State Oh	Zip Code 43147	Form (Cash, Check, etc.) 7371
Full Name of Contributor Dr. Bishop Jerome Ross		Registration Number, if PAC	
Street Address 858 E. Third	Employer/Occupation/Labor Organization*	M D Y 10 30 12	Amount 100-
City Columbus	State Oh	Zip Code 43201	Form (Cash, Check, etc.)
Full Name of Contributor Carter Womaek		Registration Number, if PAC	
Street Address 1291 Wedgefield Ln.	Employer/Occupation/Labor Organization*	M D Y 10 30 12	Amount 100-
City New Albany, Oh.	State	Zip Code 43054	Form (Cash, Check, etc.) 1160
Full Name of Contributor Sharon Simmons		Registration Number, if PAC	
Street Address 1561 E. Long ST	Employer/Occupation/Labor Organization*	M D Y 10 30 12	Amount 50-
City Columbus, Ohio	State Oh	Zip Code 43203	Form (Cash, Check, etc.) 7013
Full Name of Contributor Richard Crockett		Registration Number, if PAC	
Street Address 8599 Swisher Creek Crossing	Employer/Occupation/Labor Organization* 855-6977	M D Y 10 30 12	Amount 500-
City New Albany	State Oh	Zip Code 43054	Form (Cash, Check, etc.) 5064
Full Name of Contributor Marlan Gary		Registration Number, if PAC	
Street Address 2500 Cleveland Ave	Employer/Occupation/Labor Organization*	M D Y 10 30 12	Amount 100
City Columbus, Ohio	State	Zip Code 43211	Form (Cash, Check, etc.)

* 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

--	--

Total expenditures this event.

--	--

Page Total \$

1000