

## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|  |   |                          |  |                         |
|--|---|--------------------------|--|-------------------------|
| Name of Committee in Full<br><b>KAMBON.EDU</b>               |   |                          |  |                         |
| Full Name of Contributor<br><b>VANESSA &amp; LARRY JONES</b> |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>371 HARLANDAVE</b>                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   10   12   09</b>   | Amount<br><b>25.00</b>  |
| City<br><b>COLUMBUS</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43207</b> | Form(Cash,Check,etc)<br><b>CASH</b>    |                         |
| Full Name of Contributor<br><b>GARY BAKER</b>                |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>2142 STAGHORN WAY</b>                   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   12   0   9</b> | Amount<br><b>20.00</b>  |
| City<br><b>COLUMBUS</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43213</b> | Form(Cash,Check,etc)<br><b>CHECK</b>   |                         |
| Full Name of Contributor<br><b>NANNETTE S REYNOLDS</b>       |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>2641 MITZI DRIVE</b>                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   12   0   9</b> | Amount<br><b>35.00</b>  |
| City<br><b>COLUMBUS</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form(Cash,Check,etc)<br><b>CHECK</b>   |                         |
| Full Name of Contributor<br><b>NIEL JURIST</b>               |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>8679 BIRCH BROCK LOOP NW</b>            | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   12   0   9</b> | Amount<br><b>100.00</b> |
| City<br><b>COLUMBUS</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43147</b> | Form(Cash,Check,etc)<br><b>CHECK</b>   |                         |
| Full Name of Contributor<br><b>JAMES PEARSON</b>             |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>3224 CANNOCK LANE</b>                   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   12   0   9</b> | Amount<br><b>40.00</b>  |
| City<br><b>COLUMBUS</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43219</b> | Form(Cash,Check,etc)<br><b>CHECK</b>   |                         |
| Full Name of Contributor<br><b>BARBARA J MOTLEY</b>          |   |                          | Registration Number, if PAC            |                         |
| Street Address<br><b>4306 PORTOBELLO DRIVE</b>               | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   12   0   9</b> | Amount<br><b>25.00</b>  |
| City<br><b>GAHANNA</b>                                       | State<br><b>OH</b>                      | Zip Code<br><b>43230</b> | Form(Cash,Check,etc)<br><b>CASH</b>    |                         |
| Full Name of Contributor                                     |   |                          | Registration Number, if PAC            |                         |
| Street Address   | Employer/Occupation/Labor Organization* |                          | M   D   Y                              | Amount                  |
| City   | State                                   | Zip Code                 | 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 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 \$ 245.00