

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 RODNEY K DUNN					Registration Number, if PAC		
Street Address 1003 LAKE HARBOR CT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	25.00
City WESTERVILLE		State O	H	Zip Code 43081		Form(Cash,Check,etc) CHECK	
Full Name of Contributor TERRY K WALLACE					Registration Number, if PAC		
Street Address 22931 LISTON AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	25.00
City COLUMBUS		State O	H	Zip Code 43207		Form(Cash,Check,etc) Cash	
Full Name of Contributor CAROL Y CARTER					Registration Number, if PAC		
Street Address 2488 SCHAAF DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	25.00
City COLUMBUS		State O	H	Zip Code 43209		Form(Cash,Check,etc) CHECK	
Full Name of Contributor RYLAND H MULLINS					Registration Number, if PAC		
Street Address 1388 E. Long Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	15.00
City COLUMBUS		State O	H	Zip Code 43203		Form(Cash,Check,etc) CHECK	
Full Name of Contributor Event Cash Contributions					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							25.00
City		State	H	Zip Code		Form(Cash,Check,etc) Cash	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	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

115.00

Total expenditures this event

0.00

Page Total \$ 115.00