31-E R.C. 3517.10(B)

Event Date	5/12/09
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full							
KAMBON EDU							
Full Name of Contributor		Registra	tion Num	ber, if Pa	AC		
RODNEY K DUNN			$\frac{1}{M}$	1 5	1 17	1.	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	25.00
1003 LAKE HARBOR CT				1 2 ish,Check			23.00
City	State	Zip Code 43081		isii,Cileci CHEC			
WESTERVILLE	<u> </u>	43001		tion Num		A.C.	
Full Name of Contributor			Registia	tion ivan	ioci, ii i	10	
TERRY K WALLACE	Employer/Occur	nation/Labor Organization*	H _M	D	ΙΥ	Amount	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		1 2		1	25.00
22931 LISTON AVE	State	Zip Code		ash,Checl			25.00
City COLUMBUS		43207	T OIM(C	Cash			
Full Name of Contributor	ГОГП	1 1020/	Registra	tion Nur		AC	
CAROL Y CARTER			I Spisite		,		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2488 SCHAAF DRIVE	2	F	015	1 2	019)	25.00
City	State	Zip Code		ash,Chec			
COLUMBUS	O H	43209		CHEC	CK		
Full Name of Contributor			040000000000000000000000000000000000000	tion Nun	THE PERSON NAMED IN	ĀC	
RYLAND H MULLINS							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
1388 E. Long Street			0 5	1 2	0 9)	15.00
City	State	Zip Code	1 '	ash,Chec			
COLUMBUS	$O \mid H$	43203		CHEC	CK		
Full Name of Contributor			Registra	tion Nun	iber, if P	AC	
Event Cash Contributions							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
			NA PARAMETER STATE OF THE STATE				25.00
City	State	Zip Code	Form(Cash,Check,etc) Cash				
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
				· -	~		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
				<u></u>			
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
			72		I CT	W.C.	
Full Name of Contributor			Registra	ation Nur	noer, 11 F	AC	
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
ENTRE CONTRACTOR CONTR							
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
							100

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$115.00_
115.00	0.00	

^{*} 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)]