

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU									
Full Name of Contributor BOBBYETE SANDERS						Registration Number, if PAC			
Street Address 2773 SONATA DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43209		M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor PATRICIA ROSS						Registration Number, if PAC			
Street Address 845 Mueller Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City Reynoldsburg	State O	H H	Zip Code 43068		M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor GOLDEAN GIBBS						Registration Number, if PAC			
Street Address 823 Gibbard Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O	H H	Zip Code 43201		M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor BILL R. HEDRICK						Registration Number, if PAC			
Street Address 535 W. FIRST AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215		M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor VIOLET FLEWELLEN						Registration Number, if PAC			
Street Address PO BOX 09304			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43209		M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor LABORERS INT'L UNION OF NORTH AMERICA						Registration Number, if PAC LA-912			
Street Address 620 ALUM CREEK DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43205		M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor BETTY MOORE						Registration Number, if PAC			
Street Address 2051 Water Crest Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43209		M 1	D 1	Y 0	Amount 20.00	
Full Name of Contributor CAROLYN M. JOHNSON						Registration Number, if PAC			
Street Address 1361 E. Deshler Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43206		M 1	D 0	Y 2	Amount 25.00	

* 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)]