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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
KAMBON.EDU			Registrat	Registration Number, if PAC			
Full Name of Contributor					.,		
BOBBYETE SANDERS	Employar/Occupa	tion/Labor Organization*		National propagation of the last	1	Form (Cash, Ched	ck, etc.)
Street Address	Employer/Occupa	non-ration or Samzation				CHECK	. /
2773 SONATA DRIVE	Ctata	Zip Code	М	D	Y	Amount	
City	State O   H	43209	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0 \begin{vmatrix} 1 \\ 1 \end{vmatrix}$	1 8	0 9		25.00
COLUMBUS		43209	THE PERSON NAMED IN COLUMN TWO	the second section of the second section of	ber, if PA	C	20.00
Full Name of Contributor			iccgistrat	ion ivuill	υυι, 11 I Λ'	~	
PATRICIA ROSS	F I //	tion/Labor Organization*				Form (Cash, Che	ck etc)
Street Address	Employer/Occupa	tion/Labor Organization*				CASH	,,
845 Mueller Drive		7'- 6-1-	1 1/4	D	Y	Amount	
City	State	Zip Code	M			CTHOUIT	25.00
Reynoldsburg	$O \mid H$	43068	$1 \mid 0$	2 3	0 9 ber, if PA	C	۷۷.۷۷
Full Name of Contributor			Kegistrat	ion Num	oer, it PA	C	
GOLDEAN GIBBS					NAME OF TAXABLE PARTY.	Form (Costs Ct.	ok ato
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
823 Gibbard Ave			7	T TN	1 37	CASH	
City	State	Zip Code	M	D	Y	Amount	DE 00
COLUMBUS		43201	1 0	2 3			25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
BILL R. HEDRICK						In (C. 1. C.	-16-
Street Address	Employer/Occup.	Employer/Occupation/Labor Organization*			Form (Cash, Check, o		
535 W. FIRST AVENUE				Y	7	CHECK	
City	State	Zip Code	M	D	Y	Amount	00.00
COLUMBUS	O H	43215			0 9		25.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	vC.	
VIOLET FLEWELLEN							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	
PO BOX 09304				·		CHECK	
City	State	Zip Code	М	D	Y	Amount	400.00
COLUMBUS	O H	43209		0 2			100.00
Full Name of Contributor	The second secon		8 -		nber, if PA	AC	
LABORERS INT'L UNION OF N	ORTH AMERIC	A	LA	-912		~	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	
620 ALUM CREEK DRIVE						CHECK	
City	State	Zip Code	M	D	Y	Amount	<b>200 00</b>
COLUMBUS	OH	43205			0 9		500.00
Full Name of Contributor	,				nber, if P		
BETTY MOORE							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	
2051 Water Crest Lane						CHECK	(
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OH	43209	1 1				20.00
Full Name of Contributor			Registr	ation Nu	nber, if P.	AC	
CAROLYN M. JOHNSON							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Cl	
1361 E. Deshler Avenue						CHECK	<
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43206	1 (	2 1	0 9	) [	25.00
			***************************************			C 41- 4	

Page Total \$ 745.00

<sup>\*</sup> 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)]