31-E R.C. 3517.10(B)

Event Date	4/28/08
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

ame of Committee in Full				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON				
KAMBON EDU					1	A.C.			
full Name of Contributor				Registration Number, if PAC					
VALARIE CUMMINGS					1 37	9.			
treet Address	1 ' '	pation/Labor Organization*	M	D nlo	Y	Amount	25.00		
878 TAMARA DR	TEACH		0 4	2 8 ish,Check		7	٣٥.٥٠		
CATTARINIA	State	Zip Code 43230		isin, Check IHEC					
GAHANNA	<u>lol H</u>	40200	Registration Number, if PAC						
ull Name of Contributor			Registra	tion rum					
HERBERT PINKNEY	Employer/Occur	pation/Labor Organization*	M	D	Y	Amount			
treet Address 3166 BERKLEY POINTE DR	Employer/Occu	pation Labor Organization	0 4	1 .	1	)	50.00		
Sity	State	Zip Code	Form(Ca	ash,Chec	k,etc)	2.1	00.00		
GAHANNA	1 _ rr	43230		Ćash					
full Name of Contributor		()   H   43230			Registration Number, if PAC				
un realité de Controller									
treet Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
·W									
Full Name of Contributor					Registration Number, if PAC				
			İ						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
				and congress training					
Full Name of Contributor			Registra	ation Nur	nber, if	PAC			
					1				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount			
			77 (6						
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
			Pariotr	ation Nur	ober if	PAC.			
Full Name of Contributor			Registr	ation Nui	noci, n	IAC			
2	Templayer/Oca	pation/Labor Organization*	M	D	Y	Amount			
Street Address	Employer/Occi	pation Easor Organization							
7.L.	State	Zip Code	Form(C	ash,Che	k.etc)				
City	State	Zip code		,	, ,				
Full Name of Contributor			Registr	ation Nu	nber, if	PAC			
Trane of Controllor									
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
244 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- <del>-</del>		-					
City	State	Zip Code	Form(C	Cash,Che	k,etc)				
•									
			***************************************		eraild indianaeu paer		***************************************		
quired for contributions from individuals over \$100 to statew	ide and general assembly can	didates. If contributor is self-en	nployed, the	occupati	on and t	he name of the			
idual's business, if any, rather than employer should be listed	. If two or more employees c	ontribute via payroll deduction	and exceed t	he aggre	gate of S	100, the labor			
nization of which the employees are members, if any, must ap									

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.

	And the second s	<del></del>		
	Total contributions this event	Total expenditures this event		
ĺ			Page Total \$	75.00
part of				······································
San San				