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Statement of Contributions Received

Prescribed by Secretary of State 3/05

COives in Full							
Name of Committee in Full							
Kambon.EDU			Registrat	ion Num	ber, if P	AC.	
Full Name of Contributor	/01		Registrat	JOH JAUN	ioci, ii i i		
Contributions from Event on 5	/UI	pation/Labor Organization	L			Form (Cash, Check, etc.)	
Street Address	Employer/Occu	pation/Labor Organization	0n*			Torm (Casil, Check, Clc.)	
City	State	Zip Code	М	D	Y	Amount	
						385.00	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Contributions from Event on 5	5/12				12000		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
					-	95.00	
Full Name of Contributor			Registra	tion Nur	nber, if P.	AC	
Contributions from Event on 5	5/7		OMA				
Street Address	Employer/Occi	apation/Labor Organizati	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						2,820.00	
Full Name of Contributor			Registra	tion Nu	nber, if P	AC	
Street Address	Employer/Occ	upation/Labor Organizati	ion*	***************************************	20/0222000	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	0						
Full Name of Contributor			Registra	ation Nu	mber, if P	AC	
	eet Address Employer/Occupation/Labor Organi			on* Form (Cash, Check, etc.)			
Street Address	Employer/occ	upation/Duoo/ organizati					
	State	Zip Code	M	D	Y	Amount	
Cíty	State	Zip code	"				
			Registra	ation Nu	mber, if P	PAC	
Full Name of Contributor			inegio				
Street Address	eet Address Employer/Occupation/Labor Organizati				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Carlo							
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC	
				geografia (Constitution Constitution Constitution Constitution Constitution Constitution Constitution Constitu			
Street Address	Employer/Occ	tion*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			D oci-t-	ation No	ımber, if l	PAC	
Full Name of Contributor			Kegistr	ation int	anoer, if i	i rx.	
	Tr10/O	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organizatio				Jim (Cash, Check, Clo.)		
	CL-1-	Zip Code	М	D	Y	Amount	
City	State	Zip Code	101				

* 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)]

Page Total \$ 3,300.00