

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU							
Full Name of Contributor JAMES C PEARSON					Registration Number, if PAC		
Street Address 3224 CANNOCK LANE		Employer/Occupation/Labor Organization*			M	D	Y
					0	4	2
City COLUMBUS		State O	H	Zip Code 43219	2	0	9
Form(Cash,Check,etc) CASH					Amount 60.00		
Full Name of Contributor MELVIN GORDON					Registration Number, if PAC		
Street Address 55 HAMILTON PARK APT 23		Employer/Occupation/Labor Organization*			M	D	Y
					0	4	2
City COLUMBUS		State O	H	Zip Code 43203	2	0	9
Form(Cash,Check,etc) CASH					Amount 30.00		
Full Name of Contributor Event Cash Contributions					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
					0	4	2
City		State	H	Zip Code	2	0	9
Form(Cash,Check,etc) CASH					Amount 40.00		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
City		State	H	Zip Code			
Form(Cash,Check,etc)							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
City		State	H	Zip Code			
Form(Cash,Check,etc)							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
City		State	H	Zip Code			
Form(Cash,Check,etc)							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
City		State	H	Zip Code			
Form(Cash,Check,etc)							

* 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)]

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

Total contributions this event

Total expenditures this event

Page Total \$ 130.00