

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 VICTORIA WHITE					Registration Number, if PAC		
Street Address 2856 LEATHERWOOD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	10.00
City COLUMBUS		State OH	Zip Code 43224	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NATALIE JAMES					Registration Number, if PAC		
Street Address 5706 BLENDONBROOK LANE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	30.00
City GAHANNA		State OH	Zip Code 43230	Form(Cash,Check,etc) CASH			
Full Name of Contributor NANNETTE S REYNOLDS					Registration Number, if PAC		
Street Address 7671 FENWAY ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City NEW ALBANY		State OH	Zip Code 43054	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NIEL JURIST					Registration Number, if PAC		
Street Address 1168 E BROAD STREET G-2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		MEDIA RELATIONS		1	0	1	25.00
City COLUMBUS		State OH	Zip Code 43205	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOE ALLEN					Registration Number, if PAC		
Street Address 3387 PATRIOT BLVD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City COLUMBUS		State OH	Zip Code 43219	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DAVID L PAIGE					Registration Number, if PAC		
Street Address 2779 BERWICK BLVD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City COLUMBUS		State OH	Zip Code 43209	Form(Cash,Check,etc) CHECK			
Full Name of Contributor YVONNE HOLLAND					Registration Number, if PAC		
Street Address 2790 KINGSROWE COURT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City COLUMBUS		State OH	Zip Code 43209	Form(Cash,Check,etc) CASH			

* 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 \$ 190.00