

31-E

R.C. 3517.10(B)

Event Date 5/7Page 4

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 Ralph Taylor				Registration Number, if PAC	
Street Address 89 Fairdale Ave	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code H	5	7	0
			Amount	100.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Jason Dunn					
Street Address 5941 Havenwood Dr				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cincinnati	State O	Zip Code H	5	7	0
			Amount	100.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Marlan Gary					
Street Address 858 E. 3rd Ave				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code H	5	7	0
			Amount	100.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Sylvia L. Carter					
Street Address 2064 C Lublin Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Reynoldsburg	State O	Zip Code H	5	7	0
			Amount	25.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Marcia L Conley					
Street Address 3443 Pine Way				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Powell	State O	Zip Code H	5	7	0
			Amount	20.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Leland Cox					
Street Address 43 N. Ohio Avenue				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code H	5	1	5
			Amount	100.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Loretta Wicks					
Street Address 6043 Clintonview				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code H	5	2	4
			Amount	100.00	
Form(Cash,Check,etc) Check					

* 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 \$ 545.00