

Event Date	<u>10/12/</u>
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kambon.EDU									
To Whom Paid CAPA-Lincoln Theater						M 1	D 0	Y 0	Amount 100.00
Address 55 E State Street		Purpose Event Room Rental							
City Columbus		State O	H H	Zip Code 43215	Check Number 1132				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>100.00</u>
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