Event Date	10/12/
Page	1

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			М	D	Y	Amount	
CAPA-Lincoln Theater			110	0 7	0 9		100.00
Address	Purpose						
55 E State Street	Event Ro	om Rental					
City	State						
Columbus	O H						
To Whom Paid	722000000000000000000000000000000000000	ana una litto como di Alexandra	M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	umber			177
To Whom Paid	•		M	D	Y	Amount	
Address	Purpose		I	L		2	
City	State	Zip Code	Check N	Check Number			230g
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Check Number			
To Whom Paid	, and a second		M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Check Number			10 12 13
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check 1	Check Number			
To Whom Paid		L	M	D	Y	Amount	
Address	Purpose			unicom escrib à concern	Supplement		The second secon
City	State	Zip Code	Check 1	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 \$ 100.00