

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 Thresea Bland					Registration Number, if PAC		
Street Address 290 Eastmoor Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	40.00
City Columbus		State O	H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Frances Rembert					Registration Number, if PAC		
Street Address 1862 Walnut Hill Park Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	25.00
City Columbus		State O	H	Zip Code 43232		Form(Cash,Check,etc) Check	
Full Name of Contributor Catherine Wheeler					Registration Number, if PAC		
Street Address 5143 Etna Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	25.00
City Columbus		State O	H	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Gilda J. Battle Taylor					Registration Number, if PAC		
Street Address 3125 Genevieve Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Columbus		State O	H	Zip Code 43219		Form(Cash,Check,etc) Check	
Full Name of Contributor Tamara Minter					Registration Number, if PAC		
Street Address 7 Sunset HL		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City Rochester		State N	Y	Zip Code 14624		Form(Cash,Check,etc) Check	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		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

1.140.00

Total expenditures this event

0.00

Page Total \$ 240.00