

Event Date	3/11/09
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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 DONALD BLEACH			Registration Number, if PAC	
Street Address 191 W NATIONWIDE BLVD	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 0 9	Amount 250.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SAUNDRA L BROADNAX			Registration Number, if PAC	
Street Address 342 RHOADS AVE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 100.00
City COLUMBUS	State O H	Zip Code 43205	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ERIC D CARMICHAEL			Registration Number, if PAC	
Street Address 1299 BROOKWOOD PL	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 100.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor HEARCEL CRAIG			Registration Number, if PAC	
Street Address 550 E WALNUT ST	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 25.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KIMBERLY COCROFT			Registration Number, if PAC	
Street Address 988 WELLINGTON BLVD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43219	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARCIA L CONLEY			Registration Number, if PAC	
Street Address 3443 PINE WAY	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 0 9	Amount 20.00
City POWELL	State O H	Zip Code 43065	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RALONDA S HAMPTON			Registration Number, if PAC	
Street Address 5234 RICHEY LN	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43213	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 \$ 535.00