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R	C	351	7 10

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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					*************		
Name of Committee in Full							
Kambon EDU			D	ion M-	her :en.	C	
Full Name of Contributor			Registrat	JUII NUM	ber, if PA		
David Hughes	[r1/^	ipation/Labor Organization*				Form (Cash, Ch	eck etc.)
Street Address	Employer/Occu	ipation/Labor Organization*				Cash	oon, o.o. j
0.4	State	Zip Code	М	D	Y	Amount	
City	State	Zip code	0 8		0 9		20.00
Full Name of Contributor	, , , , , , , , , , , , , , , , , , ,				ber, if PA	.С	
Cathy Stevenson						Farm (C1- Cl	ook ota
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Ch Cash	eck, etc.)
City	State	Zip Code	M 0   8	D 2 2	9 0 9	Amount	25.00
Full Name of Contributor			CONTRACTOR DE LA CONTRA	Commence of the second	ber, if P	Carrier Company of the Company of th	
Shade Ojibe					***************************************	N	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Ch Check	ieck, etc.)
City	State	Zip Code	М	D	Y	Amount	
			0 8		0 9		25.00
Full Name of Contributor			Registra	tion Nun	ber, if P	AC .	
Dorothy Alexander							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Cl Check	neck, etc.)
City	State	Zip Code	M	D	Y	Amount	m. m. a. a
			0 8				25.00
Full Name of Contributor			Registra	ttion Nun	nber, if P	AC .	
Marcia Conley						E (0.1.0)	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Cl	neck, etc.)
	C4	Zin Codo	I M	D	Y	Check Amount	
City	State	Zip Code	0 8	1 .	l l	H	25.00
Full Name of Contributor					nber, if P.		
Cynthia Wooten			108,000		,		
Street Address	Employer/Occ	upation/Labor Organization*		en kaladar (annan annan		Form (Cash, C	heck, etc.)
2084 Nobleshire Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OLE	. 1	0 8	1 8	0 9		25.00
Full Name of Contributor					nber, if P		
Kathy Espy				ing plane played and in the			
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, C	heck, etc.)
1350 Brookwood						Cash	
City	State	Zip Code	М	D	Y	Amount	E0.00
Columbus		1	0 8				50.00
Full Name of Contributor Barbara Flu-Allen			Registra	ation Nu	nber, if P	AC	
Street Address	Employer/Occ	cupation/Labor Organization*	<u> </u>	OTECTORIORISMONIC		Form (Cash, C	heck, etc.)
	, .	-				Check	
City	State	Zip Code	М	D	Y	Amount	
			0 8	2 8	0 9		50.00

Page Total	\$ 245.00

<sup>\*</sup> 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)]