

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 Reyonolds Event Management			Registration Number, if PAC	
Street Address 7671 Fenway Road	Employer/Occupation/Labor Organization* Self-Employed		M D Y 0 9 0 7 1 0	Amount 250.00
City New Albany	State O H	Zip Code 43054	Form(Cash, Check, etc) Check	
Full Name of Contributor Othelda Spencer			Registration Number, if PAC	
Street Address 343 E. Livingston	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor W. Shawna Gibbs			Registration Number, if PAC	
Street Address 2331 Argyle Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43219	Form(Cash, Check, etc) Check	
Full Name of Contributor Dorothy Alexander			Registration Number, if PAC	
Street Address 2187 Liston Avenue	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43207	Form(Cash, Check, etc) Check	
Full Name of Contributor Greta Jean Robertson			Registration Number, if PAC	
Street Address PO Box 361121	Employer/Occupation/Labor Organization*		M D Y 1 9 1 9 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43236	Form(Cash, Check, etc) Check	
Full Name of Contributor Karen I. Demingo			Registration Number, if PAC	
Street Address 1354 Yorkland Road	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 15.00
City Columbus	State O H	Zip Code 43205	Form(Cash, Check, etc) Check	
Full Name of Contributor Kemba Nzinga			Registration Number, if PAC	
Street Address 403 Fairwood	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43205	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

690.00

Total expenditures this event

0.00

Page Total \$ **440.00**