

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 DIANNE L REID			Registration Number, if PAC	
Street Address 8558 APPLERIDGE CIRCLE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 25.00
City PICKERINGTON	State O H	Zip Code 43147	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SANDRA M BALL ROLLAND			Registration Number, if PAC	
Street Address 2326 CENTURY DR	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43211	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARIA J SCOTT			Registration Number, if PAC	
Street Address 59 FRANKLIN PARK W	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43205	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SHARON D WASHINGTON			Registration Number, if PAC	
Street Address 3400 SWEETSER CT	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 25.00
City PICKERINGTON	State O H	Zip Code 43147	Form(Cash,Check,etc) CHECK	
Full Name of Contributor APRIL WATKINS			Registration Number, if PAC	
Street Address 3323 BALFORD SQUARE S	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 21.00
City COLUMBUS	State O H	Zip Code 43232	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANNA Y WHEELER			Registration Number, if PAC	
Street Address 2803 TALISMAN DR	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DEBORAH WILLAMS			Registration Number, if PAC	
Street Address 2204 LILACWOOD AVE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS	State O H	Zip Code 43229	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 \$ **151.00**