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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				attanionintary tegely agin					
Name of Committee in Full									
KAMBON.EDU			2000						
Full Name of Contributor					Registration Number, if PAC				
COLUMBUS FRANKLIN COUNTY, A	.FL-CIO PL	E		***************************************	Carracter State and Control				
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Cl			
1545 ALUM CREEK DRIVE, 2ND FL						CHECK			
City	State	Zip Code	M	D	Y	Amount			
COLUMBUS	OH	43209	1 0	2 3	0 9		300.00		
Full Name of Contributor			Registra	tion Numl		C			
COLEMAN FOR COLUMBUS									
Street Address	Employer/Occupa				Form (Cash, Cl	ieck, etc.)			
550 E. WALNUT STREET					CHECK				
City	State	Zip Code	М	D	Y	Amount			
COLUMBUS	OH	43215	1 0	1 9	0 9		200.00		
Full Name of Contributor			The second second second	tion Numl		C			
AKO KAMBON									
Street Address	Employer/Occupa	ntion/Labor Organization*	_!			Form (Cash, Cl	neck, etc.)		
63 N. OHIO AVENUE	Z.mp.o.ye seeape					CHECK			
City	State	Zip Code	1 M	D	Y	Amount			
COLUMBUS	OH	43203					1,000.00		
Full Name of Contributor		1 10200		tion Num	NAME OF TAXABLE PARTY.	ENGRADOR PROPERTY AND	1,000.00		
LISA TWITTY			Registra	uon rum	DC1, 11 1 7 1				
<u></u>	Employar/Occups	ntion/Labor Organization*				Form (Cash, Cl	reck etc.)		
Street Address	Employer/Occupa	dion/Labor Organization				CHECE			
736 CORGI DRIVE	Gui	7:- 0-1-	M	l D	Y	Amount			
City DCD DCD IDC	State	Zip Code	1 .	1		Amount	25.00		
REYNOLDSBURG	$\mid O \mid H$	43068	1 0	the same of the sa	0 9		23.00		
Full Name of Contributor Registration Number, if PAC									
NANCY TIDWELL	γ								
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Cl			
1693 SPARTAN DRIVE				·		CHEC	ζ		
City	State	Zip Code	М	D	Y	Amount	=0.00		
COLUMBUS	$O \mid H$	43209		2 0			50.00		
Full Name of Contributor Registration Number, if PAC									
BARBARA ALLISON									
Street Address	Employer/Occupa				Form (Cash, Check, etc.)				
PO BOX 09504				·	·	CHEC	<u> </u>		
City	State	Zip Code	М	D	Y	Amount			
COLUMBUS	OH	43209	10	2 0	0 9		20.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
JUDITH CATOZZA GATTI					***************************************				
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C			
2378 ZINER CIRCLE N.						CHEC	K		
City	State	Zip Code	М	D	Y	Amount			
GROVE CITY	$O \mid H$	43123	1 0	2 5	0 9		40.00		
Full Name of Contributor			Registra	ition Num		.С			
JUANITA HAYNESWORTH									
Street Address	Employer/Occup	ation/Labor Organization*	2			Form (Cash, C	heck, etc.)		
1194 E. 15TH AVENUE						CHEC	K		
City	State	Zip Code	М	D	Y	Amount			
COLUMBUS	OH	43211	1 0	14	0 9		25.00		

Page Total \$ 1,660.00

^{*} 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)]