

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Kambon, Edu</u>									
To Whom Paid <u>Margaret Dacons</u>						M	D	Y	Amount
Address <u>3212 E. Haven Dr S.</u>						Purpose <u>Peachcobbler for fundraiser</u>			
City <u>Columbus</u>			State <u>Oh</u>	Zip Code <u>43232</u>	Check Number <u>1021</u>				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.