

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON.EDU</b>							
Full Name of Contributor <b>BARBARA C FLU-ALLEN</b>						Registration Number, if PAC	
Street Address <b>1973 WALNUT HILL PARK DR</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MARSEE WADDELL</b>						Registration Number, if PAC	
Street Address <b>6654 WARRINER WAY</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>CANAL WINCHESTER</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>VALARIE BANKS</b>						Registration Number, if PAC	
Street Address <b>3443 PINE WAY</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>23.00</b>
City <b>POWELL</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>MELODY BANKHEAD</b>						Registration Number, if PAC	
Street Address <b>2247 LAWNSDALE AVE</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43207</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>ROXYANNE BURRUS</b>						Registration Number, if PAC	
Street Address <b>7955 CHERITON CIRCLE</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>REYNOLDSBURG</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MARTHA H JENKINS</b>						Registration Number, if PAC	
Street Address <b>4889 RICHLAND DR</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>GAHANNA</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JOSEPH T ALLEN</b>						Registration Number, if PAC	
Street Address <b>3387 PATRIOT BLVD</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>CHECK</b>			

\* 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 \$ 198.00