2	
Page <u>3</u>	

165.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		resimination est estatuar de				VIII.			
Name of Committee in Full									
KAMBON.EDU						440000000000000000000000000000000000000			
Full Name of Contributor				Registrat	ion Numl	oer, if PA	С		
BETTIE S. WATKINS									
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
959 Sunbury Rd.							CHECK		
City	Sta	ite	Zip Code	М	D	Y	Amount		
COLUMBUS	0	Н	43219	1 0	2 8	0 9	15.00		
Full Name of Contributor				and promoter an arrange	The state of the s	ber, if PA	C		
CATHERINE T. WILLIS									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
191 Melyers ct.	,						CHECK		
City .	Sta	ate	Zip Code	M	D	Y	Amount		
COLUMBUS		Н	43235	1 0	2 9				
Full Name of Contributor	12		£0400		ATTORES NO SERVICE PROPERTY OF		Enternational commence of the		
BRIAN WATERS	Employe	r/Occurs	ation/Lahor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*						Pay Pal		
PO BOX 13781		oto	Tip Code	M	D	Y	Amount		
City A N TER A	1	ate Δ	Zip Code		l .		50.00		
ATLANTA	l G	Α	30324		1 9				
Full Name of Contributor				Kegistra	uon Num	ber, if PA	i.C		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
	<u> </u>		In a	-1-:	~~~ <u>~~</u>	1 -;; -			
City	St	ate	Zip Code	M	D	Y	Amount		
					<u> </u>	<u> </u>			
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
				1	in description of the second o				
Street Address	Employe	т/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)		
#100000									
City	St	ate	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registra	tion Nun	ber, if PA	AC		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	St	ate	Zip Code	М	D	Y	Amount		
7 · · · ·									
Full Name of Contributor				Registra	tion Nun	ber, if P	AC		
Lilli Isaliic of Controlitor									
Street Address	Employe	er/Occun	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*							, , , ,		
Cit.	Q1	tate	Zip Code	М	D	Y	Amount		
City	31	iaic	is to code	1	~				
				Pagister	I Non	her if D	1 4 <i>C</i>		
Full Name of Contributor Registration Number, if PAC							10		
							Form (Cash, Charle etc.)		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
			17. 6.1		T =	1 77	Amount		
City	l Si	tate	Zip Code	M	D	Y	Amount		

Total \$2,570

^{*} 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)]

Page Total \$