

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kambon, Edu							
Full Name of Contributor Marcus Ross						Registration Number, if PAC	
Street Address 2740 Airport Dr Ste 300				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 1448	
City Columbus		State Oh		Zip Code 43219		M D Y Amount 08 28 13 50-	
Full Name of Contributor Chike Akua						Registration Number, if PAC	
Street Address 2840 Stone Bridge TR SW				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 7035	
City Conyers		State GA		Zip Code 30094		M D Y Amount 08 20 13 700-	
Full Name of Contributor Gilda Battle Taylor						Registration Number, if PAC	
Street Address 3125 Genevieve Dr				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 7739	
City Columbus		State Oh		Zip Code 43219		M D Y Amount 08 25 13 100.00	
Full Name of Contributor Noel Williams						Registration Number, if PAC	
Street Address 30 Ravine Ridge S.				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 2670	
City Powell		State Oh		Zip Code 43065		M D Y Amount 08 25 13 100-	
Full Name of Contributor Emily Davidson						Registration Number, if PAC	
Street Address 3275 Pine Valley Rd				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 8378	
City Columbus		State Oh		Zip Code 43219		M D Y Amount 09 06 13 50-	
Full Name of Contributor Saundra Broadnax / Kim Broadnax						Registration Number, if PAC	
Street Address 342 Rhoads Ave				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 6045	
City Columbus		State Oh		Zip Code 43205		M D Y Amount 08 25 13 100-	
Full Name of Contributor Greta Jean Robertson						Registration Number, if PAC	
Street Address P.O. Box 361121				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 4444	
City Columbus		State Ohio		Zip Code 43236		M D Y Amount 09 10 13 100-	
Full Name of Contributor Carlos Hood						Registration Number, if PAC	
Street Address 13938 Meadow Grass Way				Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.) 1187	
City Fishers		State Ind.		Zip Code 46038		M D Y Amount 09 11 13 100-	

* 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 also appear. [R.C. 3517.10(B)(4)]