

# 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>HAZEL P FLOWERS</b>				Registration Number, if PAC	
Street Address <b>2774 BERWICK BLVD</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   9</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ALICE FLOWERS</b>				Registration Number, if PAC	
Street Address <b>46 N OHIO AVE</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   9</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43203</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>BRUCE E BUNCH</b>				Registration Number, if PAC	
Street Address <b>2362 McCUTHEON RD</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   9</b>	Amount <b>40.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43219</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>MAURICE BLAKE</b>				Registration Number, if PAC	
Street Address <b>3181 E HUDSON ST</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   9</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43219</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>THERESA BLAND</b>				Registration Number, if PAC	
Street Address <b>290 EASTMOOR BLVD</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   9</b>	Amount <b>35.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>A. YVONNE WHEELER</b>				Registration Number, if PAC	
Street Address <b>2803 Talisman</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>CASH</b>	
Full Name of Contributor <b>IVAN J CORBIN</b>				Registration Number, if PAC	
Street Address <b>1162 CAMBRIDGE WAY</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   5   0   9</b>	Amount <b>25.00</b>
City <b>PICKERINGTON</b>	State <b>O   H</b>	Zip Code <b>43147</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 \$ 195.00