

31-E

R.C. 3517.10(B)

Event Date	5/7
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Kambon.EDU					
Full Name of Contributor Ronald & Jannie Carter				Registration Number, if PAC	
Street Address 280 Carters Gin		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Toney	State A L	Zip Code 35773		Form(Cash,Check,etc) Check	
Full Name of Contributor Judson L Jefferies				Registration Number, if PAC	
Street Address 3800 Kellen Dr.		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Cathy L. Morris				Registration Number, if PAC	
Street Address 637 E. 41st St, Unit 2		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Chicago	State I L	Zip Code 60654		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert & Anita Burley				Registration Number, if PAC	
Street Address 133 Thornberry Dr.		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Pittsburgh	State P A	Zip Code 15235		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey & Angela Dennis				Registration Number, if PAC	
Street Address 508 Misty Lane		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Copley	State O H	Zip Code 44321		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Cabot				Registration Number, if PAC	
Street Address 258 Winthrop Rd		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Bishop Jerome H Ross				Registration Number, if PAC	
Street Address 845 Mueller Drive		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Cash	

* 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 \$ 700.00
