31-E R.C. 3517.10(B)

Event Date	10/12/09
Page	5

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by Secre						
Name of Committee in Full							
KAMBON.EDU			In-circuit and Name - 10 DAC				
Full Name of Contributor	Registration Number, if PAC						
MARY MORTON			M D Y Amount				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 10 1 2 09	25.00			
~	State	Zip Code	Form(Cash,Check,etc)	20100			
City	OH	Zip cou	CHECK				
Full Name of Contributor	I OII		Registration Number, if PAC				
DEBRA J ODOM							
Street Address	Employer/Occur	nation/Labor Organization*	M D Y Amount				
Sirect Address			1 0 1 2 0 9	50.00			
City	State	Zip Code	Form(Cash,Check,etc)				
	OH		CHECK CONTRACT				
Full Name of Contributor			Registration Number, if PAC				
ANNIE ROSEBORO							
Street Address	Employer/Occu	oation/Labor Organization*	M D Y Amount 1 0 1 2 0 9	25.00			
City	State	Zip Code	Form(Cash,Check,etc)				
	OH		CHECK				
Full Name of Contributor			Registration Number, if PAC				
BERYL THOMPSON							
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount 1 0 1 2 0 9	25.00			
City	State	Zip Code	Form(Cash,Check,etc)				
	OH		CHECK				
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount 1 0 1 2 0 9				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount 1 0 1 2 0 9				
City	State	Zip Code	Form(Cash,Cheek,etc)				
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	ipation/Labor Organization*	M D Y Amount 1 0 1 2 0 9				
City COLUMBUS	State	Zip Code	Form(Cash,Check,etc)	*			

Fill	in	the	boxes	below	only	on	the	last	page	for	this	event
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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 \$	125.00
		_	120.00
880.00	100.00	1	
000.00	100.00		

^{*} 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)]