Event Date	8/22/09
Page	4

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full							
KAMBON.EDU				ciones e constituire de Maria			
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C	
AUGUSTA LAUDERDALE				T*************************************		S	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	~ ~ ~ ~
2359 LAWNDALE AVE			0 8	<u> </u>			25.00
COLLINADIC	State	Zip Code	,	sh,Check			
COLUMBUS	<u> </u>	43207		HEC	anni anni anni anni anni anni anni anni		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
BETTY L HOWTON Street Address	T O	ation/Labor Organization*	M	D	Y	Amount	
	Employer/Occup	Employer/Occupation/Labor Organization*				Amount	25.00
1502 MILLERDALE RD	State	1 2 2 2		2 2 sh.Check			25.00
COLUMBUS	1 1 7 7	Zip Code 43209	1 '	ISII,CIIECK IHEC			
Full Name of Contributor		TOLOU		tion Num	en andre compression and compression and	C	
RODNEY ROSCOE			Registra		001, 11 1 1 1		
Street Address	Employer/Occur	oation/Labor Organization*	М	D	Y	Amount	
3808 RED OAK LN	` ` `	Employer cocupation Education		2 2	0 9		50.00
City	State	Zip Code	0 8 Form(Ca	sh,Check		li .	0.00
COLUMBUS	\cap	43224		CHEC	K		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
GLENNA L WATSON							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
2508 SCHAAF DR			0 8	2 3	0 9		100.00
City	State	Zip Code	1 `	sh,Check			
COLUMBUS	$O \mid H$	43209	<u>CHECK</u>				
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
	- In 10			· ·	· · · ·		
Street Address	Employer/Occup	pation/Labor Organization*	M	D	Y	Amount	
Ci.	State	17: O-1-	F (C-	1 (1-1			
City	State	Zip Code	rorm(Ca	ish,Check	t,etc)	1.6	
Full Name of Contributor			Pagistra	tion Num	har if DA	C	
thi Name of Controlio			Registia	non rum	UCI, II I A		
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
	' ' '	Ü					
City	State	Zip Code	Form(Ca	sh,Check	,etc)		100
		·					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
			Amenderal				
City	State	Zip Code	Form(Ca	sh,Check	,etc)		

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	
 22.22		Page Total \$
788.00		And the second s

^{*} 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)]