

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 AUGUSTA LAUDERDALE			Registration Number, if PAC	
Street Address 2359 LAWNDAL AVE	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 0 9	Amount 25.00
City COLUMBUS	State O H	Zip Code 43207	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BETTY L HOWTON			Registration Number, if PAC	
Street Address 1502 MILLERDALE RD	Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 0 9	Amount 25.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RODNEY ROSCOE			Registration Number, if PAC	
Street Address 3808 RED OAK LN	Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 0 9	Amount 50.00
City COLUMBUS	State O H	Zip Code 43224	Form(Cash,Check,etc) CHECK	
Full Name of Contributor GLENNA L WATSON			Registration Number, if PAC	
Street Address 2508 SCHAAF DR	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 0 9	Amount 100.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

788.00

Total expenditures this event

Page Total \$ 200.00