

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 SHELLEE DAVIS				Registration Number, if PAC	
Street Address 221 SAINT PIERRE ST		Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 20.00
City WORTHINGTON		State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KEVIN L DIXON				Registration Number, if PAC	
Street Address 1568 KENVIEW RD		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS		State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ALICE FLOWERS				Registration Number, if PAC	
Street Address 46 N OHIO AVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 40.00
City COLUMBUS		State O H	Zip Code 43203	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LAYNE M HILL				Registration Number, if PAC	
Street Address 5145 FORESTWOOD RD		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 50.00
City COLUMBUS		State O H	Zip Code 43229	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 3 1 1 0 9	Amount 25.00
City COLUMBUS		State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor YOLANDA MILLER				Registration Number, if PAC	
Street Address 1358 BROOKCLIFF AVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 20.00
City COLUMBUS		State O H	Zip Code 43219	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ASHLIE JENKINS				Registration Number, if PAC	
Street Address 611 N COLUMBIA AVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 0 9	Amount 20.00
City COLUMBUS		State O H	Zip Code 43219	Form(Cash,Check,etc) CHECK	

* 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