

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 MARY MORTON			Registration Number, if PAC	
Street Address 1075 Beechwood Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 0 9	Amount 25.00
City Columbus	State OH	Zip Code 43227	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DEBRA J ODOM			Registration Number, if PAC	
Street Address 2962 Granada Hills Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 0 9	Amount 50.00
City Columbus	State OH	Zip Code 43231	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANNIE ROSEBORO			Registration Number, if PAC	
Street Address 1851 Merryhill Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 0 9	Amount 25.00
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BERYL THOMPSON			Registration Number, if PAC	
Street Address 1215 Haddon Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 0 9	Amount 25.00
City Columbus	State OH	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

880.00

Total expenditures this event

100.00

Page Total \$ 125.00