Page	4	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			(4000)			
Name of Committee in Full						
Kambon EDU			u		7.000 mars and 1000 mars and 1	6
Full Name of Contributor			Registra	ation Num	per, if PA	ı.C
Rodney Roscoe	T	- C- R - S				Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organizatio	n*			
		Ta: 6 .		T 5.		Check
City	State	Zip Code	M	D	Y	Amount 50.00
			0 8			
Full Name of Contributor			Registra	ation Num	iber, if PA	<i></i>
Glenna Watson					***********	C(C-1-C1-1)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
City	State	Zip Code	M 0 8	D 2 3	Y 0 9	Amount 100.00
Full Name of Contributor				ation Num		AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registr	ation Num	nber, if PA	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
			10	ation Nun	abor icp	A.C.
Full Name of Contributor			Kegisti	auon ivun	11001, 11 F	ne.
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
					1	A.C.
Full Name of Contributor			Kegisti	ation Nun	noer, ii i'.	AC
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if F					nber, if P	AC
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		1	Regist	ration Nur	nber, if P	AC
	Γ1/Ω	unation/Labor Organizati	on*			Form (Cash, Check, etc.)
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			om (ousi, onou, oo.)	
City	State	Zip Code	M	a	Y	Amount

* 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)]

Page Total \$	150.00
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