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| Event Date | 5/01/09 |
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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 Virgina Hardy | | | Registration Number, if PAC | |
| Street Address 3481 Liv-Moor Dr | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | Zip Code 43227 | Form(Cash,Check,etc) Cash | |
| Full Name of Contributor Desiree Riley | | | Registration Number, if PAC | |
| Street Address 1268 N. 4th Street Apt. F | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | Zip Code 43201 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Joan Mixon | | | Registration Number, if PAC | |
| Street Address 3765 Walnut Creek Dr | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | Zip Code 43224 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Joyce Mills | | | Registration Number, if PAC | |
| Street Address 2478 Stafford Pl. | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 9 0 9 | Amount 50.00 |
| City Columbus | State OH | Zip Code 43209 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Drina Smith | | | Registration Number, if PAC | |
| Street Address 1220 Ellsworth Ave | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | Zip Code 43206 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Victoria White | | | Registration Number, if PAC | |
| Street Address 2856 Leatherwood Dr | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | Zip Code 43224 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Gayle Wilson | | | Registration Number, if PAC | |
| Street Address 3112 Genevieve Dr | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 1 0 9 | Amount 25.00 |
| City Columbus | State OH | 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 \$ 200.00