31-E R.C. 3517.10(B)

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 Registration Number, if PAC Full Name of Contributor Mary Morton Employer/Occupation/Labor Organization* 25.00 0 5 0 1 1075 Beechwood Rd State Zip Code Form(Cash,Check,etc) 43227 Check Columbus Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization* Street Address Zip Code Form(Cash,Check,etc) State City Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization* Street Address Form(Cash,Check,etc) Zip Code State Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Form(Cash,Check,etc) Zip Code Registration Number, if PAC Full Name of Contributor D Amount Employer/Occupation/Labor Organization* Street Address Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address Form(Cash,Check,etc) State Zip Code Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Form(Cash,Check,etc) Zip Code City

* 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 expenditures this event		
		Page Total \$ 21	5.00
385.00	0.00		