

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 Lisa Carter			Registration Number, if PAC		
Street Address 1820 Ferntree Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Thelma Brooks			Registration Number, if PAC		
Street Address 1695 Penfield Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Columbus	State OH	Zip Code 43227	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Mary Tate / Beverley Motley			Registration Number, if PAC		
Street Address 1559 Mulligan Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Miller Barnes Jr			Registration Number, if PAC		
Street Address 1750 Halleck Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Joseph Allen			Registration Number, if PAC		
Street Address 3387 Patriot Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Barbara Motley			Registration Number, if PAC		
Street Address 4306 Portobello Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0109
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Geraldine Phifer			Registration Number, if PAC		
Street Address 4360 Wyandotte Woods	Employer/Occupation/Labor Organization*		M 0	D 4	Y 3009
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 25.00

* 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 \$ 160.00