

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Kambon.EDU</b>							
Full Name of Contributor <b>Harry McClure</b>					Registration Number, if PAC		
Street Address <b>4574 Tuttle Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Viviane Faralar-Haley</b>					Registration Number, if PAC		
Street Address <b>1933 E Dublin-Granville Rd</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Najah Drakes</b>					Registration Number, if PAC		
Street Address <b>4373 Meadow Vista Dr.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>25.00</b>
City <b>Lithonia</b>	State <b>G</b>	A <b>A</b>	Zip Code <b>30038</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Bellard</b>					Registration Number, if PAC		
Street Address <b>5367 Ivywood Lane</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Linda Allen</b>					Registration Number, if PAC		
Street Address <b>2836 Barrows Rd.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>10.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>TAMAH</b>					Registration Number, if PAC		
Street Address <b>1812 H St. NE</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>500.00</b>
City <b>Washington</b>	State <b>D</b>	C <b>C</b>	Zip Code <b>20002</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Event Cash Contributions</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>190.00</b>
City	State	Zip Code		Form(Cash,Check,etc) <b>cash</b>			

\* 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 \$ 900.00