31-E R.C. 3517.10(B)

Event Date	5/12/09
Page	1

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

Name of Committee in Full  KAMBON EDU  Full Name of Contributor  RODNEY K DUNN		cretary of State 3/05							
KAMBON EDU Full Name of Contributor									
RODNEY K DUNN					Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*	M	D	8	Amount	25.00		
1003 LAKE HARBOR CT		[7: 0-1	0 5 Form(Cas	1 2			0.00		
City	State H	Zip Code 43081		HEC					
WESTERVILLE Full Name of Contributor	1011	10001			per, if PA	C			
TERRY K WALLACE									
Street Address	Employer/Occup	M	D	Y	Amount	<del></del>			
22931 LISTON AVE		Employed ovvopanous and a second		1 2	0   9		25.00		
City	State	Zip Code	Form(Ca	sh,Check					
COLUMBUS	$O \mid H$	43207		Cash	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN		100		
Full Name of Contributor		Registration Number, if PAC							
CAROL Y CARTER									
Street Address	Employer/Occup	pation/Labor Organization*	M	D	Y 0   9	Amount	25.00		
2488 SCHAAF DRIVE		7:- 0-1-	0 5 Form(Ca				23.00		
City	State H	Zip Code 43209		HEC		14			
COLUMBUS Full Name of Contributor		1 40207	Registration Number, if PAC						
RYLAND H MULLINS			Tregisment	.,,	,				
Street Address	Employer/Occur	oation/Labor Organization*	М	D	Y	Amount			
Steet Address			0   5	1 2	0 9		15.00		
City	State	Zip Code	Form(Ca	ish,Checl	c,etc)				
COLUMBUS	O H	43203	CONTRACTOR OF THE PROPERTY OF	CHEC		u e			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Event Cash Contributions				T ~	1				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	5.00		
		1a: 6 1	Eam (C	ash,Checl	(s oto)		5.00		
City	State	Zip Code	romica	Cash					
			Registration Number, if PAC						
Full Name of Contributor			100		,				
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
Sheet Address									
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
	1				parameter in the latest and the late				
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC			
					<b>.</b>	¥ .			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
		17. O. I.	Form(C	ash Chas	ls ata)				
City	State	Zip Code	ronn(C	ash,Chec	r,cic)				
equired for contributions from individuals over \$100 to statewid	e and general accembly can	didates. If contributor is self-en	ployed, the	occupatio	on and the	name of the			
equired for contributions from individuals over \$100 to statewid vidual's business, if any, rather than employer should be listed. I	f two or more employees co	ontribute via payroll deduction	and exceed th	ne aggreg	ate of \$10	00, the labor			
anization of which the employees are members, if any, must app									

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 \$ 95.00
95.00	0.00	