

## 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>Mychal Wynn</b>				Registration Number, if PAC	
Street Address <b>4829 Lake Fjord Pass</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Marietta</b>	State <b>G   A</b>	Zip Code <b>30068</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Crabbe Brown &amp; James</b>				Registration Number, if PAC	
Street Address <b>500 South Front St, Ste 1200</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Larry &amp; Donna James</b>				Registration Number, if PAC	
Street Address <b>One Miranova Pl, Ste 1040</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Maria J. Scott</b>				Registration Number, if PAC	
Street Address <b>59 Franklin Park W</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Annie &amp; Eugene Peyton</b>				Registration Number, if PAC	
Street Address <b>1458 E Weber Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43211</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Frances C. Frazier</b>				Registration Number, if PAC	
Street Address <b>3466 Bolton Ave</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43227</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jerry &amp; Gayle Saunders</b>				Registration Number, if PAC	
Street Address <b>2788 Floribunda Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>Check</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 \$ 700.00