Page Z

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					and the state of t		
KAMBON.EDU							
Name of Contributor				Registration Number, if PAC			
BOBBYETE SANDERS					ĺ		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
2773 SONATA DRIVE					CHECK		
City	State	Zip Code	M	D	Y	Amount	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
COLUMBUS	OH	43209	1 0	1 8	0 9		25.00
Full Name of Contributor		Registration Number, if PA					
PATRICIA ROSS							
Street Address	Employer/Occup		90000000000000000000000000000000000000		Form (Cash, Chec	k, etc.)	
					CASH		
City	State	Zip Code	М	D	Y	Amount	
			1 0	2 3	0 9		25.00
Full Name of Contributor	Registration Number, if PA					С	
GOLDEaN GIBBS							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
				7	-	CASH	
City	State	Zip Code	M	D	Y	Amount	
			1 0	e Paragonia de la composição			25.00
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
BILL R. HEDRICK	TE J 10	C. II. L. O	L	onicana antono de como de la como		Form (Cash, Chec	Jr. ata)
Street Address	Employer/Occupation/Labor Organization*			8			ж, екс.)
535 W. FIRST AVENUE	State	Zip Code	М	D	Y	CHECK Amount	
COLUMBIC		43215		1 8	1	Amount	25.00
COLUMBUS Full Name of Contributor		1 40210		L O tion Num	(A) Carlo (A) Caraca (C	20.00
VIOLET FLEWELLEN			registre	ition rum	001, 11 1 7 1		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)
Sirect Address						CHECK	
City	State	Zip Code	М	D	Y	Amount	
		,	1111	0 2	0 9		100.00
Full Name of Contributor			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ation Num		C	
LABORERS INT'L UNION OF NORTH AMERICA LA-912							
Street Address	Employer/Occup				Form (Cash, Chec	ek, etc.)	
620 ALUM CREEK DRIVE						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OH	43205	1 0	2 7	0 9		500.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.C	
BETTY MOORE				Odlah Selektronin kortonasa.	W/-1-W/100-2//2-W/100-2		
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
	6	Tr. 0.4.	1 34	I n	Y	CHECK Amount	
City	State	Zip Code	M	D		Amount	20.00
E 11 2 CO 4 2 4			1 1	0 1 ation Num	to the second second second second		20.00
Full Name of Contributor CAROLYN M. JOHNSON			Kegisti	ation inum	ibei, ii r		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ched	ck, etc.)
	annual of the companion of games and					CHECK	
City	State	Zip Code	М	D	Y	Amount	
			1 0	1	1		25.00
					<u> </u>	A	

Page Total \$ 745.00

^{*} 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)]