

Event Date 3/11/09

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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 MELVIN E. WALDEN					Registration Number, if PAC		
Street Address 50 FOREST RIDGE CT		Employer/Occupation/Labor Organization*			M	D	Y
					0	3	1
City POWELL		State O	H	Zip Code 43061	1	1	0
					9		
					Amount 40.00		
Form(Cash,Check,etc) CASH							
Full Name of Contributor MARCUS ROSS							
Street Address 4468 KEELER DR					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City COLUMBUS		State O	H	Zip Code 43227	1	1	0
					9		
					Amount 100.00		
Form(Cash,Check,etc) CHECK							
Full Name of Contributor CHERYL BOBBITT BOYCE							
Street Address 2149 MEADOW HILLS CT					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City COLUMBUS		State O	H	Zip Code 43228	1	1	0
					9		
					Amount 50.00		
Form(Cash,Check,etc) CHECK							
Full Name of Contributor BRENDA K HAYNES							
Street Address 1166 S WEYANT AVE					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City COLUMBUS		State O	H	Zip Code 43227	1	1	0
					9		
					Amount 50.00		
Form(Cash,Check,etc) CHECK							
Full Name of Contributor CHESTER C CHRISTIE							
Street Address 1344 ELDORN DR					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City COLUMBUS		State O	H	Zip Code 43207	1	1	0
					9		
					Amount 40.00		
Form(Cash,Check,etc) CHECK							
Full Name of Contributor JOHN PARMS							
Street Address 6910 CUNNINGHAM DR					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City NEW ALBANY		State O	H	Zip Code 43054	1	1	0
					9		
					Amount 100.00		
Form(Cash,Check,etc) CHECK							
Full Name of Contributor AL EDMONDSON							
Street Address 346 N 20TH ST					Employer/Occupation/Labor Organization*		
					M	D	Y
					0	3	1
City COLUMBUS		State O	H	Zip Code 43203	1	1	0
					9		
					Amount 50.00		
Form(Cash,Check,etc) CHECK							

* 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 \$ 430.00