

## 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>VICTORIA WHITE</b>						Registration Number, if PAC	
Street Address <b>2856 LEATHERWOOD DRIVE</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>10.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>NATALIE JAMES</b>						Registration Number, if PAC	
Street Address <b>5706 BLENDONBROOK LANE</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>30.00</b>
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>NANNETTE S REYNOLDS</b>						Registration Number, if PAC	
Street Address <b>7671 FENWAY ROAD</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>NIEL JURIST</b>						Registration Number, if PAC	
Street Address <b>1168 E BROAD STREET G-2</b>		Employer/Occupation/Labor Organization* <b>MEDIA RELATIONS</b>		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JOE ALLEN</b>						Registration Number, if PAC	
Street Address <b>3381 PATRIOT BLVD</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DAVID L PAIGE</b>						Registration Number, if PAC	
Street Address <b>2779 BERWICK BLVD</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>YVONNE HOLLAND</b>						Registration Number, if PAC	
Street Address <b>2790 KINGSROWE COURT</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43209</b>	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 \$ 190.00