Event Date	10/12/09
Page	- The state of the

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full KAMBON.EDU Full Name of Contributor VICTORIA WHITE Street Address								
Full Name of Contributor VICTORIA WHITE								
VICTORIA WHITE					**********	2	iini Namananiani an mananananan	
				Registration Number, if PAC				
Street Address								
S .	Employer/Occupation/Labor Organization*		М	D		Amount		
2856 LEATHERWOOD DRIVE			110	1 2	09		10.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
COLUMBUS	OH	43224		HEC	K			
Full Name of Contributor			Registrat	ion Numl	oer, if PA	С		
NATALIE JAMES								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
5706 BLENDONBROOK LANE							30.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
GAHANNA	loh!	43230		CASI	1			
Full Name of Contributor			NAME OF TAXABLE PARTY.	THE RESIDENCE OF THE PARTY OF T	per, if PA	C		
NANNETTE S REYNOLDS					,			
Street Address	Employer/Occur	oation/Labor Organization*	M	D	Y	Amount		
7671 FENWAY ROAD							50.00	
City	State	Zip Code	Form(Ca	sh,Check	etc)		50.00	
NEW ALBANY	OH	43054	1 '	HEC				
Full Name of Contributor	LUH	1 3003	Registration Number, if PAC					
			Registra	HOH KAHIH	oci, ii i A	C		
NIEL JURIST Street Address	I Complex on/Occur	action/Labor Organization*	M	D	Y	Amount		
	Employer/Occupation/Labor Organization* MEDIA RELATIONS			$1 \mid 2$		Amount	25.00	
1168 E BROAD STREET G-2	State			sh,Check			25.00	
COLLINDIC		Zip Code 43205	`				46	
COLUMBUS	LOH	1 43203	CHECK Registration Number, if PAC					
Full Name of Contributor			Registrat	non Num	ber, if PA	C		
JOE ALLEN	·							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
3381 PATRIOT BLVD	<u></u>			200			25.00	
City	State	Zip Code		sh,Check				
COLUMBUS	LOH	43219		HEC	K			
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
DAVID L PAIGE								
Street Address	Employer/Occup	oation/Labor Organization*	M	D	Y	Amount		
2779 BERWICK BLVD			1 0	1 2	0 9		25.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
COLUMBUS	OH	43209		CHEC	K	100		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
YVONNE HOLLAND								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	***************************************	
2790 KINGSROWE COURT			1110	1 2	1019		25.00	
City	State	Zip Code		sh,Check				
COLUMBUS	OH	43209		CASI				
	LVEL	10207		~~ £ £ [/ £	_			

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 from 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
A CONTRACTOR OF THE PROPERTY O		

^{*} 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)]