

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 Ralph Taylor				Registration Number, if PAC	
Street Address 89 Fairdale Ave		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43081		Form(Cash,Check,etc) Cash	
Full Name of Contributor Jason Dunn				Registration Number, if PAC	
Street Address 5941 Havenwood Dr		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Cincinnati	State O H	Zip Code 45237		Form(Cash,Check,etc) Cash	
Full Name of Contributor Marlan Gary				Registration Number, if PAC	
Street Address 858 E. 3rd Ave		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43201		Form(Cash,Check,etc) Cash	
Full Name of Contributor Sylvia L. Carter				Registration Number, if PAC	
Street Address 2064 C Lublin Dr.		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 25.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check	
Full Name of Contributor Marcia L Conley				Registration Number, if PAC	
Street Address 3443 Pine Way		Employer/Occupation/Labor Organization*		M D Y 5 7 0 9	Amount 20.00
City Powell	State O H	Zip Code 43065		Form(Cash,Check,etc) Check	
Full Name of Contributor Leland Cox				Registration Number, if PAC	
Street Address 43 N. Ohio Avenue		Employer/Occupation/Labor Organization*		M D Y 5 1 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43203		Form(Cash,Check,etc) Check	
Full Name of Contributor Loretta Wicks				Registration Number, if PAC	
Street Address 6043 Clintonview		Employer/Occupation/Labor Organization*		M D Y 5 2 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43229		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 \$ 545.00