

Event Date	9/12/09
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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 Harry McClure				Registration Number, if PAC	
Street Address 4574 Tuttle Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 0 9	Amount 100.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Viviane Faralar-Haley				Registration Number, if PAC	
Street Address 1933 E Dublin-Granville Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 0 9	Amount 25.00
City Columbus		State O H	Zip Code 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Najah Drakes				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 0 9	Amount 25.00
City		State	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor James Bellard				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 0 9	Amount 50.00
City		State	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Allen				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 0 9	Amount 10.00
City		State	Zip Code	Form(Cash,Check,etc) check	
Full Name of Contributor TAMAH				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 1 3 0 9	Amount 500.00
City		State	Zip Code	Form(Cash,Check,etc) check	
Full Name of Contributor Event Cash Contributions				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 0 9	Amount 70.00
City		State	Zip Code	Form(Cash,Check,etc) cash	

* 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 \$ 780.00