

10/30/12

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Triedstone Church

Name of Committee in Full Kambon Edu				
Full Name of Contributor Sharon Bowman		Registration Number, if PAC 581-8462		
Street Address 205 N. Harding	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus, Ohio	State Oh	Zip Code 43209	Form (Cash, Check, etc.) Cash	Amount 60-
Full Name of Contributor Sandra Rivers		Registration Number, if PAC 868-5132		
Street Address 239 Rhoads	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus	State Oh	Zip Code 43205	Form (Cash, Check, etc.) Check	Amount 10-
Full Name of Contributor Joshua Ross		Registration Number, if PAC 402-6769		
Street Address 3123 Cheaves Place	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus	State Oh	Zip Code 43224	Form (Cash, Check, etc.) Cash	Amount 100-
Full Name of Contributor Catherine T Willis		Registration Number, if PAC		
Street Address 191 Melyers Ct	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus, Ohio	State Oh	Zip Code 43235	Form (Cash, Check, etc.) Check	Amount 25-
Full Name of Contributor Maria J. Scott		Registration Number, if PAC 252-5900		
Street Address 59 Franklin Park W	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus, Ohio	State Oh	Zip Code 43205	Form (Cash, Check, etc.) #2488	Amount 75.00
Full Name of Contributor Nannette Reynolds		Registration Number, if PAC 939-3456		
Street Address 7671 Fenway Rd	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City New Albany Ohio	State Oh	Zip Code 43054	Form (Cash, Check, etc.) 10815	Amount 100-
Full Name of Contributor Tiwork Yirdaw		Registration Number, if PAC 512-7413		
Street Address 4257 Mayflower Blvd	Employer/Occupation/Labor Organization*	M 10	D 30	Y 12
City Columbus, Ohio	State Oh	Zip Code 43213	Form (Cash, Check, etc.) 20-	Amount 20-

* 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 also 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

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Total expenditures this event.

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Page Total \$

390-