

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Kambon EDU</b>									
Full Name of Contributor <b>Bruce Bunch</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City	State	Zip Code	M	D	Y	Amount <b>40.00</b>			
			0	8	2	2	0	9	
Full Name of Contributor <b>Maurice Blake</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City	State	Zip Code	M	D	Y	Amount <b>25.00</b>			
			0	8	1	7	0	9	
Full Name of Contributor <b>Theresa Bland</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City	State	Zip Code	M	D	Y	Amount <b>35.00</b>			
			0	8	2	2	0	9	
Full Name of Contributor <b>A. Yvonne Wheeler</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount <b>20.00</b>			
			0	8	2	2	0	9	
Full Name of Contributor <b>Ivan Jeffrey Corbin</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City	State	Zip Code	M	D	Y	Amount <b>25.00</b>			
			0	8	1	5	0	9	
Full Name of Contributor <b>Augusta Lauderdale</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City	State	Zip Code	M	D	Y	Amount <b>25.00</b>			
			0	8	1	8	0	9	
Full Name of Contributor <b>Betty Howton</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City	State	Zip Code	M	D	Y	Amount <b>25.00</b>			
			0	8	2	2	0	9	
Full Name of Contributor <b>Maursee Waddell</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount <b>25.00</b>			
			0	8	2	2	0	9	

\* 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)]

Page Total \$ 220.00