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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

				anggan kapanan ang ka				
Name of Committee in Full								
Kambon EDU			En :		h a - ' ^ 7			
Full Name of Contributor			Registrat	ion Num	ber, if PA	IC.		
Bruce Bunch		notion a share O	<u> </u>			Form (Cash, Ch	ank ata l	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				check	euk, eiu.)	
Oh.	State	Zip Code	M	D	Y	Amount		
City	State	Zip Code	0 8	2 2	0 9		40.00	
Full Name of Contributor		1			ber, if PA	AC		
Maurice Blake								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City	Státe	Zip Code	M	D	Y	Amount		
•			0 8	1 7	0 9		25.00	
Full Name of Contributor						AC.		
Theresa Bland								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City	State	Zip Code	М	D	Y	Amount		
				2 2			35.00	
Full Name of Contributor			Registration Number, if PAC			AC		
A. Yvonne Wheeler				140000007800019TE				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M	D	Y	Amount		
			0 8	2 2	09		20.00	
Full Name of Contributor					ber, if P	AC		
Ivan Jeffrey Corbin					200 <b>0000000000000000000000000000000000</b>		PLOS AND	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
				·	·	Check		
City	State	Zip Code	M	D	Y	Amount	ar 00	
			0 8		0 9 ber, if P		25.00	
Full Name of Contributor			Kegistra	mon Nun	1061, 11 Pa	nc .		
Augusta Lauderdale Street Address Employer/Occupation/Labor Organization*				delicina del constanto de		Form (Cash, Cl	neck etc.)	
Suect Addless	Employer/Occi	Employer/Occupation/Labor Organization				check		
City	State	Zip Code	M	D	Y	Amount		
		'	0 8	i	0 9	B	25.00	
Full Name of Contributor	1				nber, if P.			
Betty Howton			COLUMN CO					
Street Address	Employer/Occupation/Labor Organization*		1*				neck, etc.)	
					check			
City	State	Zip Code	М	D	Y	Amount		
			0 8				25.00	
Full Name of Contributor Maursee Waddell			Registra	ation Nun	nber, if P			
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)		
				nagamanananananah	material superior de la constanta de la consta	Cash		
City	State	Zip Code	М	D	Y	Amount	m, m . n. n	
			0 8	12 2	0 9	1	25.00	

Page Total \$	220.00

<sup>\*</sup> 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)]