

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 DEC 11 PM 12:29
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Kambon.EDU						Registration Number, if PAC						
Full Name of Candidate Hanifah Kambon												
Street Address 63 N. Ohio Avenue						Office Sought Columbus Board of Ed.			District			
City Columbus						State OH		Zip Code 43203				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election			1	^M	1	^D	0	^Y
							3	^D	0	^Y	9	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$5,634.76
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,520.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$8,154.76
5. Total monetary expenditures (From Form No. 31-B)	\$	\$5,132.00
6. Balance on hand (line 4 minus line 5)	\$	\$3,022.76
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Jackie Moncrief

12/4/2009

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 3

Expenditure pages 3

Other pages 0

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU							
Full Name of Contributor COLUMBUS FRANKLIN COUNTY, AFL-CIO PLE						Registration Number, if PAC	
Street Address 1545 ALUM CREEK DRIVE, 2ND FL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 300.00
Full Name of Contributor COLEMAN FOR COLUMBUS						Registration Number, if PAC	
Street Address 550 E. WALNUT STREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 1	D 0	Y 1	Amount 200.00
Full Name of Contributor AKO KAMBON						Registration Number, if PAC	
Street Address 63 N. OHIO AVENUE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43203	M 1	D 0	Y 1	Amount 1,000.00
Full Name of Contributor LISA TWITTY						Registration Number, if PAC	
Street Address 736 CORGI DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG		State O H	Zip Code 43068	M 1	D 0	Y 2	Amount 25.00
Full Name of Contributor NANCY TIDWELL						Registration Number, if PAC	
Street Address 1693 SPARTAN DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 50.00
Full Name of Contributor BARBARA ALLISON						Registration Number, if PAC	
Street Address PO BOX 09504			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 20.00
Full Name of Contributor JUDITH CATOZZA GATTI						Registration Number, if PAC	
Street Address 2378 ZINER CIRCLE N.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY		State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 40.00
Full Name of Contributor JUANITA HAYNESWORTH						Registration Number, if PAC	
Street Address 1194 E. 15TH AVENUE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43211	M 1	D 0	Y 1	Amount 25.00

* 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)]

Statement of Contributions Received

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Name of Committee in Full KAMBON.EDU							
Full Name of Contributor BOBBYETE SANDERS					Registration Number, if PAC		
Street Address 2773 SONATA DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 1 0	D 1 8	Y 0 9	Amount 25.00	
Full Name of Contributor PATRICIA ROSS					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City	State	Zip Code	M	D	Y	Amount	
			1 0	2 3	0 9	25.00	
Full Name of Contributor GOLDEaN GIBBS					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City	State	Zip Code	M	D	Y	Amount	
			1 0	2 3	0 9	25.00	
Full Name of Contributor BILL R. HEDRICK					Registration Number, if PAC		
Street Address 535 W. FIRST AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 1 8	Y 0 9	Amount 25.00	
Full Name of Contributor VIOLET FLEWELLEN					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M	D	Y	Amount	
			1 1	0 2	0 9	100.00	
Full Name of Contributor LABORERS INT'L UNION OF NORTH AMERICA					Registration Number, if PAC LA-912		
Street Address 620 ALUM CREEK DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43205	M 1 0	D 2 7	Y 0 9	Amount 500.00	
Full Name of Contributor BETTY MOORE					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M	D	Y	Amount	
			1 1	0 1	0 9	20.00	
Full Name of Contributor CAROLYN M. JOHNSON					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M	D	Y	Amount	
			1 0	2 1	0 9	25.00	

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Statement of Contributions Received

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Name of Committee in Full KAMBON.EDU							
Full Name of Contributor BETTIE S. WAtKINS					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M	D	Y	Amount 15.00	
			1	0	2	8	0
			9				
Full Name of Contributor CATHERINE T. WILLIS					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M	D	Y	Amount 100.00	
			1	0	2	9	0
			9				
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full KAMBON.EDU												
To Whom Paid COMMUNITY FOR NEW DIRECTION						M	D	Y	Amount			
						1	0	1	9	0	9	120.00
Address				Purpose 2 EVENT TICKETS								
City COLUMBUS		State O H		Zip Code		Check Number 1126						
To Whom Paid FIRE & FOCUS SCHOLARSHIP FUND						M	D	Y	Amount			
						1	0	1	9	0	9	100.00
Address				Purpose CONTRIBUTION								
City COLUMBUS		State O H		Zip Code		Check Number 1127						
To Whom Paid US POSTAL SERVICE						M	D	Y	Amount			
						1	0	1	9	0	9	564.00
Address				Purpose STAMPS								
City COLUMBUS		State O H		Zip Code		Check Number DEBIT						
To Whom Paid US POSTAL SERVICE						M	D	Y	Amount			
						1	0	1	9	0	9	26.40
Address				Purpose STAMPS								
City COLUMBUS		State O H		Zip Code		Check Number DEBIT						
To Whom Paid STAPLES						M	D	Y	Amount			
						1	0	1	9	0	9	23.48
Address				Purpose CAMPAIGN SUPPLIES								
City COLUMBUS		State O H		Zip Code		Check Number DEBIT						
To Whom Paid COLUMBUS CANCER CLINIC						M	D	Y	Amount			
						1	0	1	9	0	9	100.00
Address				Purpose 2 EVENT TICKETS								
City COLUMBUS		State O H		Zip Code		Check Number 1130						
To Whom Paid DONATOS PIZZA						M	D	Y	Amount			
						1	0	2	0	0	9	32.46
Address				Purpose FOOD FOR VOLUNTEERS								
City COLUMBUS		State O H		Zip Code		Check Number DEBIT						
To Whom Paid OUTLOOK MEDIA						M	D	Y	Amount			
						1	0	2	2	0	9	250.00
Address				Purpose PRINT ADVERTISEMENT								
City COLUMBUS		State O H		Zip Code		Check Number 1131						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full KAMBON.EDU													
To Whom Paid CAPA-LINCOLN THEATER							M	D	Y	Amount			
							1	0	1	5	0	9	100.00
Address				Purpose ROOM RENTAL									
City COLUMBUS			State O H		Zip Code		Check Number 1132						
To Whom Paid LOLITA AUGUSTINE							M	D	Y	Amount			
							1	0	1	6	0	9	20.00
Address				Purpose REIMBURSEMENT									
City			State		Zip Code		Check Number 1135						
To Whom Paid FRIENDS OF CAROL PERKINS							M	D	Y	Amount			
							1	0	1	6	0	9	50.00
Address				Purpose CONTRIBUTION									
City COLUMBUS			State O H		Zip Code		Check Number 1136						
To Whom Paid OHIO DEMOCRATIC PARTY							M	D	Y	Amount			
							1	0	1	9	0	9	750.00
Address				Purpose EVENT TABLE									
City COLUMBUS			State O H		Zip Code		Check Number 1137						
To Whom Paid MAKIA KAMBON							M	D	Y	Amount			
							1	0	2	4	0	9	200.00
Address				Purpose CAMPAIGN ASSISTANCE									
City COLUMBUS			State O H		Zip Code		Check Number 1139						
To Whom Paid RADIO ONE COLUMBUS							M	D	Y	Amount			
							1	0	2	7	0	9	1,586.00
Address				Purpose RADIO ADVERTISEMENT									
City COLUMBUS			State O H		Zip Code		Check Number DEBIT						
To Whom Paid SOMALI MEDIA							M	D	Y	Amount			
							1	1	0	9	0	9	50.00
Address				Purpose ADVERTISEMENT									
City COLUMBUS			State O H		Zip Code		Check Number 1133						
To Whom Paid TAUREAN JONES							M	D	Y	Amount			
							1	1	0	2	0	9	225.00
Address				Purpose GRAPHIC DESIGN									
City COLUMBUS			State O H		Zip Code		Check Number 1138						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
To Whom Paid FRANKLIN COUNTY DEMOCRATIC PARTY							M	D	Y	Amount			
							1	1	0	2	0	9	100.00
Address				Purpose EDUCATION									
City COLUMBUS		State O H		Zip Code		Check Number 1141							
To Whom Paid ZANZIBAR BREWS							M	D	Y	Amount			
							1	1	0	5	0	9	60.00
Address				Purpose ELECTION DAY EVENT									
City		State		Zip Code		Check Number 1142							
To Whom Paid KLD SCHOLARSHIP FUND							M	D	Y	Amount			
							1	2	0	1	0	9	50.00
Address				Purpose CONTRIBUTION									
City COLUMBUS		State O H		Zip Code		Check Number 1140							
To Whom Paid HANIFAH KAMBON							M	D	Y	Amount			
							1	1	0	5	0	9	500.00
Address				Purpose RE-PAYMENT FOR CAMPAIGN LOAN									
City COLUMBUS		State O H		Zip Code		Check Number 1143							
To Whom Paid OHIO SCHOOL BOARD ASSOCIATION							M	D	Y	Amount			
							1	1	1	2	0	9	225.00
Address				Purpose CONFERENCE									
City		State		Zip Code		Check Number 1144							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							

Statement of Loans Received

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Full Name of Com Kambon.EDU																		
From Whom Received Hanifah Kambon							Prior Amount 500.00		Amt. Incurred this Period 0.00									
Address 63 N. Ohio ave.									Outstanding Balance									
City Columbus		State OH	Zip Code 43203		Loans Received This Period			Payments This Period										
					Date			Date										
					Amount			Amount										
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
		0	3	0	9	0	9		1	1	0	5	0	9		500.00		500.00
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							
Educator																		
From Whom Received							Prior Amount		Amt. Incurred this Period									
Address									Outstanding Balance									
City		State	Zip Code		Loans Received This Period			Payments This Period										
					Date			Date										
					Amount			Amount										
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							
From Whom Received							Prior Amount		Amt. Incurred this Period									
Address									Outstanding Balance									
City		State	Zip Code		Loans Received This Period			Payments This Period										
					Date			Date										
					Amount			Amount										
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 500.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)