

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 JUN 28 PM 4:29

Full Name of Committee <b>Kambon.EDU</b>						Registration Number, if PAC <b>FRANKLIN COUNTY BOARD OF ELECTIONS</b>								
Full Name of Candidate <b>Hanifah Kambon</b>														
Street Address <b>63 N. Ohio Avenue</b>						Office Sought <b>Columbus Board of Ed.</b>			District					
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43203</b>						
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"/>	2009 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"/>	Semianual				
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		1	M	1	0	D	3	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	\$	\$6,146.24
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,570.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$8,716.24
5. Total monetary expenditures (From Form No. 31-B)	\$	\$5,088.12
6. Balance on hand (line 4 minus line 5)	\$	\$3,628.12
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  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Jackie Moncrief*  
Signature

12/4/2009  
Date

Contribution pages 3

Expenditure pages 3

Other pages 4

Total pages 10

# 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   0	D 2   3	Y 0   9	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   0	D 1   9	Y 0   9	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   0	D 1   9	Y 0   9	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   0	D 2   0	Y 0   9	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   0	D 2   0	Y 0   9	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   0	D 2   0	Y 0   9	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   0	D 2   5	Y 0   9	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   0	D 1   4	Y 0   9	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

Prescribed by Secretary of State 3/05

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   D   Y 1   0   18   0   9		Amount 25.00	
Full Name of Contributor PATRICIA ROSS							Registration Number, if PAC		
Street Address 845 Mueller Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City Reynoldsburg		State O   H		Zip Code 43068		M   D   Y 1   0   23   0   9		Amount 25.00	
Full Name of Contributor GOLDEAN GIBBS							Registration Number, if PAC		
Street Address 823 Gibbard Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O   H		Zip Code 43201		M   D   Y 1   0   23   0   9		Amount 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   D   Y 1   0   18   0   9		Amount 25.00	
Full Name of Contributor VIOLET FLEWELLEN							Registration Number, if PAC		
Street Address PO BOX 09304				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O   H		Zip Code 43209		M   D   Y 1   1   02   0   9		Amount 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   D   Y 1   0   27   0   9		Amount 500.00	
Full Name of Contributor BETTY MOORE							Registration Number, if PAC		
Street Address 2051 Water Crest Lane				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O   H		Zip Code 43209		M   D   Y 1   1   01   0   9		Amount 20.00	
Full Name of Contributor CAROLYN M. JOHNSON							Registration Number, if PAC		
Street Address 1361 E. Deshler Avenue				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O   H		Zip Code 43206		M   D   Y 1   0   21   0   9		Amount 25.00	

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# 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>BETTIE S. WATKINS</b>							Registration Number, if PAC		
Street Address <b>959 Sunbury Rd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43219</b>		M <b>1   0</b>	D <b>2   8</b>	Y <b>0   9</b>	Amount <b>15.00</b>	
Full Name of Contributor <b>CATHERINE T. WILLIS</b>							Registration Number, if PAC		
Street Address <b>191 Melyers ct.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43235</b>		M <b>1   0</b>	D <b>2   9</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>BRIAN WATERS</b>							Registration Number, if PAC		
Street Address <b>PO BOX 13781</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Pay Pal</b>		
City <b>ATLANTA</b>		State <b>G   A</b>	Zip Code <b>30324</b>		M <b>1   0</b>	D <b>1   9</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
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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Total \$ **2570**

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>KAMBON.EDU</b>							
To Whom Paid <b>Hanifah Kambon</b>				M	D	Y	Amount
				1	1	0	2009 500.00
Address <b>63 North Oh Ave</b>		Purpose <b>Loan Payment</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43203</b>	Check Number <b>1143</b>			
To Whom Paid <b>Pay Pal</b>				M	D	Y	Amount
				1	0	1	909 1.75
Address		Purpose <b>Processing fee- B. Waters</b>					
City	State	H	Zip Code	Check Number <b>Pay Pal</b>			
To Whom Paid <b>FRANKLIN COUNTY DEMOCRATIC PARTY</b>				M	D	Y	Amount
				1	1	0	2009 100.00
Address <b>271 E. State st</b>		Purpose <b>ELECTION NIGHT EVENT</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>1141</b>			
To Whom Paid <b>ZANZIBAR BREWS</b>				M	D	Y	Amount
				1	1	0	509 60.00
Address <b>740 E. long st</b>		Purpose <b>ELECTION DAY EVENT</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43203</b>	Check Number <b>1142</b>			
To Whom Paid <b>KLD SCHOLARSHIP FUND</b>				M	D	Y	Amount
				1	2	0	109 50.00
Address <b>740 E. long st</b>		Purpose <b>CONTRIBUTION</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43203</b>	Check Number <b>1140</b>			
To Whom Paid <b>OHIO SCHOOL BOARD ASSOCIATION</b>				M	D	Y	Amount
				1	1	1	209 225.00
Address <b>8050 N. High st</b>		Purpose <b>CONFERENCE</b>					
city <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43235</b>	Check Number <b>1144</b>			
To Whom Paid <b>US Postal Service</b>				M	D	Y	Amount
				1	0	1	609 564.03
Address <b>3850 E. Livingston Avenue</b>		Purpose <b>Stamps</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43227</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>US Postal Service</b>				M	D	Y	Amount
				1	0	1	709 26.40
Address <b>3850 E. Livingston Avenue</b>		Purpose <b>Stamps</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43227</b>	Check Number <b>DEBIT</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>KAMBON.EDU</b>							
To Whom Paid <b>Staples</b>			M	D	Y	Amount	
			1	0	17	09	23.48
Address <b>3790 E. Braod Street</b>		Purpose <b>Campaign Supplies</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43213</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>Donatos Pizza</b>			M	D	Y	Amount	
			1	0	19	09	32.46
Address <b>1815 Brice Road</b>		Purpose <b>Food for Volunteers</b>					
City <b>Reynoldsburgh</b>	State <b>O</b>	H	Zip Code <b>43068</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>Radio One Columbus</b>			M	D	Y	Amount	
			1	0	26	09	1,586.00
Address <b>350 E. 1st Avenue</b>		Purpose <b>Radio Advertising</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>Clear Channel Outdoor</b>			M	D	Y	Amount	
			1	0	31	09	765.00
Address <b>770 Harrison Drive</b>		Purpose <b>Outdoor Billboard</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43204</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>GoDaddy.com</b>			M	D	Y	Amount	
			1	1	02	09	100.69
Address <b>14455 N. Hayden Road</b>		Purpose <b>Website Hosting</b>					
City <b>Scottsdale</b>	State <b>A</b>	Z	Zip Code <b>85260</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>GoDaddy.com</b>			M	D	Y	Amount	
			1	1	02	09	4.99
Address <b>14455 N. Hayden Road</b>		Purpose <b>Website Hosting</b>					
City <b>Scottsdale</b>	State <b>A</b>	Z	Zip Code <b>85260</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>Duchess</b>			M	D	Y	Amount	
			1	1	03	09	100.00
Address <b>3265 Broad Street</b>		Purpose <b>Gas gift cards</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43209</b>	Check Number <b>DEBIT</b>			
To Whom Paid <b>Flowers by Mel</b>			M	D	Y	Amount	
			1	1	03	09	53.14
Address <b>2914 E. Main Street</b>		Purpose <b>Flower Gift</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43209</b>	Check Number <b>DEBIT</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>KAMBON.EDU</b>							
To Whom Paid <b>Ohio Democratic Party</b>				M	D	Y	Amount
				1	0	1	9
				0	9	0	9
							750.00
Address <b>271 E. State Street</b>			Purpose <b>Special Event</b>				
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1137</b>			
To Whom Paid <b>Makia Kambon</b>				M	D	Y	Amount
				1	0	2	4
				0	9	0	9
							200.00
Address <b>63 N. Ohio Avenue</b>			Purpose <b>Campaign Assistance</b>				
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43203</b>	Check Number <b>1139</b>			
To Whom Paid <b>The Linden Café</b>				M	D	Y	Amount
				1	1	1	4
				0	9	0	9
							95.87
Address <b>1393 Cleveland Avenue</b>			Purpose <b>Appreciation Lunch for Volunteers</b>				
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43211</b>	Check Number <b>DEBIT</b>			
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			
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

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Kambon.edu</b>															
From Whom Received <b>Hanifah Kambon</b>							Prior Amount <b>500.00</b>		Amt. Incurred this Period <b>0.00</b>						
Address <b>63 N. Ohio Ave.</b>									Outstanding Balance <b>0.00</b>						
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43203</b>		Loans Received This Period			Payments This Period							
					Date	Amount		Date	Amount						
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$			
		0	3	0	9	0	9		1	1	0	2	0	9	500.00
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	Amount		Date	Amount						
<b>Date Loan was originally Incurred</b>		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	Amount		Date	Amount						
<b>Date Loan was originally Incurred</b>		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)