

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
09 OCT 22 PM 4: 14

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Kambon.EDU</b>						Registration Number, if PAC					
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 checked="" type="checkbox"/>	Pre-General	<input 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			<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>9</b>

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$9,231.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,231.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$8,166.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,065.00
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)	\$	\$500.00
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)

Signature

10/22/2009

Date

Contribution pages 27

Expenditure pages 13

Other pages 9

Total pages 49

## Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full <b>Kambon.EDU</b>			
Full Name of Contributor <b>McCullough Williams III Esquire</b>		Registration Number, if PAC	
Street Address <b>6171 Lynanne CT</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43231</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Yvette S. Weaver</b>		Registration Number, if PAC	
Street Address <b>707 Fairway Blvd</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>125.00</b>
City <b>Whitehall</b>	State   Zip Code <b>O   H   43213</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Nozipho N. Nxumalo</b>		Registration Number, if PAC	
Street Address <b>6023 Rover Lane</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43232</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Performance Consulting Services</b>		Registration Number, if PAC	
Street Address <b>131 Franklin Park West</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43205</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Vincent Brown</b>		Registration Number, if PAC	
Street Address <b>7162 Reading Rd</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Cincinnati</b>	State   Zip Code <b>O   H   45237</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>A Cut Above the Rest DBA Taste of Mt Vernon</b>		Registration Number, if PAC	
Street Address <b>346 N. 20th St.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43203</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tamara L. Nathan</b>		Registration Number, if PAC	
Street Address <b>450 Clairbrook Ave</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>5   7   0   9</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43228</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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)]

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

Total expenditures this event

Page Total \$ 600.00

