

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
10 JUN 28 PM 4: 29

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"/>	2009 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 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	D	0	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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$14,019.00
3. Total other income (From Form No. 31-A-2)	\$	\$500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$14,519.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$8,372.76
6. Balance on hand (line 4 minus line 5)	\$	\$6,146.24
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)

*Jackie Moncrief*  
Signature

10/22/2009  
Date

Contribution pages 35

Expenditure pages 14

Other pages 43

Total pages 92

## Ohio Campaign Finance Report (Cover Page) — Form 30-A

This form has been designed so that candidates' campaign committees, legislative campaign committees, political action committees (PACs), political contributing entities (PCEs) and political parties all use the same form.

Cover pages identify who filed the report and what reporting period is covered. They also summarize the details inside the report. Do *not* use the cover page as a substitute for listing information on the appropriate form. For example, do not explain about receiving interest on the cover page; report the interest on the Other Income form. Candidates who qualify may file a Cover Page only report per R.C. 3517.10(H).

The registration number of a statewide PAC should appear on each report, addendum or piece of correspondence.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2005, would appear as 03 09 05.

The Amended Report box should be marked "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed. Do not combine a correction report (addendum) with an original filing. For example, *do not* attach canceled check copies from a prior report to a subsequent report.

The Report Electronically Filed box should be marked if the report was filed electronically.

The cover page is the means by which a committee may terminate. If the committee has no debts, no loans and no balance on hand, and the committee wishes to close, mark the box next to the word "termination."

Only statewide candidates file monthly reports. They do so only in the year in which they run for election.

The first report filed by a committee should reflect a zero on line 1 (amount brought forward). Otherwise, line 1 should be the same amount that appeared on line 6 (ending balance on hand) of the last previously filed report. Do not list a different amount

with an explanation. Any discrepancy between the last ending balance and the current amount brought forward must be accounted for by an addendum. The ending balance on hand *should not* be a negative number. This would indicate that your committee has spent more funds than it has received.

The monetary totals on Lines 1 through 6 should include only contribution, expenditure and loan activity that transpired through the committee's separate bank account(s).

A candidate's report must be signed by the treasurer or deputy treasurer. If a treasurer was not appointed, the candidate is the treasurer. It may be helpful to designate a deputy treasurer in the event that the treasurer is not available to sign the report at the time of a filing deadline. The candidate *cannot* sign the report unless he or she is the treasurer or deputy treasurer [R.C. 3517.081, 3517.10(C), (D)].

PAC, PCE, political party and legislative campaign committee reports must be signed by either a treasurer or deputy treasurer. The original signature of the treasurer or deputy treasurer must appear.

Electronic Filing Entities Only - State PACs, state PCEs, political parties, legislative campaign committees and campaign committees of general assembly and judge of a court of appeals candidates must list on line 13, the sum of lines 2, 7 and the amount of any new loans received this period. This calculation is necessary to determine the amount of total contributions for purposes of deciding if a committee has reached the electronic filing thresholds in R.C. 3517.106.

### Cover Page numbering guide

Contribution pages - Forms 31-A, 31-E, 31-J-1, 31-G, 30-C, 31-P, 31-R, 31-T

Expenditure pages - Forms 31-B, 31-F, 31-J-2, 31-I, 31-M, 31-U

Other pages - Forms 30-A, 31-C, 31-N, 31-K

Receipt pages are not included in the Total Pages. The pages of the report should be numbered consecutively in the top right corner with the Cover as page one.

# Statement of Loans Received

Prescribed by Secretary of State 3/05

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

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor Carl Jackson						Registration Number, if PAC			
Street Address 3301 Woodlawn Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Schenectady		State N   Y		Zip Code 12304		M 0	D 2	Y 2   6	Amount 100.00
Full Name of Contributor LaDonna Hunter						Registration Number, if PAC			
Street Address 706 Columbus Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Akron		State O   H		Zip Code 44306		M 0	D 3	Y 0   9	Amount 10.00
Full Name of Contributor Triedstone Bazaar Donations						Registration Number, if PAC			
Street Address 858 E Third Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O   H		Zip Code 43228		M 0	D 3	Y 2   8	Amount 36.00
Full Name of Contributor Marva Boswell						Registration Number, if PAC			
Street Address 3670 Inverary			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O   H		Zip Code 43228		M 0	D 5	Y 0   3	Amount 20.00
Full Name of Contributor Dorothy Alexander						Registration Number, if PAC			
Street Address 2187 E Walnut St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O   H		Zip Code 43207		M 0	D 5	Y 1   8	Amount 25.00
Full Name of Contributor Coleman For Columbus						Registration Number, if PAC			
Street Address 550 E Walnut St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O   H		Zip Code 43215		M 0	D 6	Y 1   0	Amount 250.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC LA1269						Registration Number, if PAC LA 1269			
Street Address 6805 Oak Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O   H		Zip Code 43229		M 0	D 6	Y 2   2	Amount 2,000.00
Full Name of Contributor Lloyd Martin						Registration Number, if PAC			
Street Address 53 W. 4th Sreet			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Mansfield		State O   H		Zip Code 44902		M 0	D 9	Y 1   6	Amount 30.00

\* 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						
Full Name of Contributor <b>Ruth Ross</b>				Registration Number, if PAC		
Street Address <b>2710 N. Cassady Avenue</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>0   9</b>	D <b>2   3</b>	Y <b>0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Teachers for Better Schools</b>				Registration Number, if PAC		
Street Address <b>929 E Broad St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>0   9</b>	D <b>2   7</b>	Y <b>0   9</b>	Amount <b>2,000.00</b>
Full Name of Contributor <b>Susie Wright</b>				Registration Number, if PAC		
Street Address <b>3019 Bretton Woods Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43231</b>	M <b>0   9</b>	D <b>2   5</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Marilyn M Daltonb</b>				Registration Number, if PAC		
Street Address <b>1107 E Dunedin 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>43224</b>	M <b>1   0</b>	D <b>1   1</b>	Y <b>0   9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>James Pearson</b>				Registration Number, if PAC		
Street Address <b>3224 Cannock</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>0   3</b>	Y <b>0   9</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Contributions from Event on 4/28</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>75.00</b>
Full Name of Contributor <b>Contributions from Event on 4/22</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>130.00</b>
Full Name of Contributor <b>Agnes Jennings</b>				Registration Number, if PAC		
Street Address <b>1325 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>0   3</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>25.00</b>

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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>Contributions from Event on 5/01</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>385.00</b>
Full Name of Contributor <b>Contributions from Event on 5/12</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>115.00</b>
Full Name of Contributor <b>Contributions from Event on 5/7</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>2,820.00</b>
Full Name of Contributor <b>Contributions from Event on 8/22</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>788.00</b>
Full Name of Contributor <b>Contributions from Event on 3/11</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>2,751.00</b>
Full Name of Contributor <b>Contributions from Event on 9/12</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount <b>1,140.00</b>
Full Name of Contributor <b>Lloyd Martin</b>					Registration Number, if PAC	
Street Address <b>53 W. 4th street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>
City <b>Mansfield</b>	State <b>O   H</b>	Zip Code <b>44902</b>	M <b>0   9</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Jacob Manser</b>					Registration Number, if PAC	
Street Address <b>756 Highland Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Pay Pal</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>1   0</b>	D <b>0   7</b>	Y <b>0   9</b>	Amount <b>9.00</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)]

# 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>Micheal R. Dave</b>				Registration Number, if PAC		
Street Address <b>5500 Latrobe st.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Pay Pal</b>	
City <b>Westerville</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>13</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Contributions from Event 10/12</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>880.00</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
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

\* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>KAMBON.EDU</b>							
Full Name <b>Hanifak Kambon</b>				Registration Number, if PAC			
Address <b>63 N. Ohio Avenue</b>		Type* <b>L   N</b>		M <b>0   3</b>	D <b>0   9</b>	Y <b>0   9</b>	Amount <b>500.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON,EDU</b>										
Full Name of Contributor <b>MELVIN E. WALDEN</b>				Registration Number, if PAC						
Street Address <b>50 FOREST RIDGE CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	40.00
City <b>POWELL</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43061</b>	Form(Cash,Check,etc) <b>CASH</b>						
Full Name of Contributor <b>MARCUS ROSS</b>										
Street Address <b>4468 KEELER DR</b>				Registration Number, if PAC						
Street Address <b>4468 KEELER DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	100.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43227</b>	Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>CHERYL BOBBITT BOYCE</b>										
Street Address <b>2149 MEADOW HILLS CT</b>				Registration Number, if PAC						
Street Address <b>2149 MEADOW HILLS CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	50.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>BRENDA K HAYNES</b>										
Street Address <b>1166 S WEYANT AVE</b>				Registration Number, if PAC						
Street Address <b>1166 S WEYANT AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	50.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43227</b>	Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>CHESTER C CHRISTIE</b>										
Street Address <b>1344 ELDORN DR</b>				Registration Number, if PAC						
Street Address <b>1344 ELDORN DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	40.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43207</b>	Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>JOHN PARMS</b>										
Street Address <b>6910 CUNNINGHAM DR</b>				Registration Number, if PAC						
Street Address <b>6910 CUNNINGHAM DR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	100.00
City <b>NEW ALBANY</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>AL EDMONDSON</b>										
Street Address <b>346 N 20TH ST</b>				Registration Number, if PAC						
Street Address <b>346 N 20TH ST</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
				0	3	1	1	0	9	50.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43203</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 \$ 430.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON.EDU</b>							
Full Name of Contributor <b>DONALD BLEACH</b>				Registration Number, if PAC			
Street Address <b>191 W NATIONWIDE BLVD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	250.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>SAUNDRA L BROADNAX</b>							
Street Address <b>342 RHOADS AVE</b>				Registration Number, if PAC			
Street Address <b>342 RHOADS AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ERIC D CARMICHAEL</b>							
Street Address <b>1299 BROOKWOOD PL</b>				Registration Number, if PAC			
Street Address <b>1299 BROOKWOOD PL</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>HEARCEL CRAIG</b>							
Street Address <b>550 E WALNUT ST</b>				Registration Number, if PAC			
Street Address <b>550 E WALNUT ST</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	25.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>KIMBERLY COCROFT</b>							
Street Address <b>988 WELLINGTON BLVD</b>				Registration Number, if PAC			
Street Address <b>988 WELLINGTON BLVD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MARCIA L CONLEY</b>							
Street Address <b>3443 PINE WAY</b>				Registration Number, if PAC			
Street Address <b>3443 PINE WAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	20.00
City <b>POWELL</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>RALONDA S HAMPTON</b>							
Street Address <b>5234 RICHEY LN</b>				Registration Number, if PAC			
Street Address <b>5234 RICHEY LN</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>CHECK</b>			

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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 \$ 535.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON,EDU</b>			
Full Name of Contributor <b>SHELLEE DAVIS</b>		Registration Number, if PAC	
Street Address <b>221 SAINT PIERRE ST</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>20.00</b>
City <b>WORTHINGTON</b>	State   Zip Code <b>O   H   43085</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>KEVIN L DIXON</b>		Registration Number, if PAC	
Street Address <b>1568 KENVIEW RD</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State   Zip Code <b>O   H   43209</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ALICE FLOWERS</b>		Registration Number, if PAC	
Street Address <b>46 N OHIO AVE</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>40.00</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>LAYNE M HILL</b>		Registration Number, if PAC	
Street Address <b>5145 FORESTWOOD RD</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State   Zip Code <b>O   H   43229</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>BETTY L HOWTON</b>		Registration Number, if PAC	
Street Address <b>1502 MILLERDALE RD</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State   Zip Code <b>O   H   43209</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>YOLANDA MILLER</b>		Registration Number, if PAC	
Street Address <b>1358 BROOKCLIFF AVE</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State   Zip Code <b>O   H   43219</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ASHLIE JENKINS</b>		Registration Number, if PAC	
Street Address <b>611 N COLUMBIA AVE</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State   Zip Code <b>O   H   43219</b>	Form(Cash,Check,etc) <b>CHECK</b>	

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Total contributions this event

Total expenditures this event

Page Total \$ 195.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON.EDU</b>								
Full Name of Contributor <b>CYNTHIA C JOHNSON</b>				Registration Number, if PAC				
Street Address <b>4560 D LAKESIDE N</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	3	11	09	20.00
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>STEVEN A MILLER</b>								
Street Address <b>7176 OLIVER WINCHESTER DR</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	25.00		
City <b>CANAL WINCHESTER</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>MARY J MORTON</b>								
Street Address <b>1075 BEECHWOOD RD</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	40.00		
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43227</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>TAMARA L NATHAN</b>								
Street Address <b>450 CLAIRBROOK AVE</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	20.00		
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>JOANNE K O'CARROLL</b>								
Street Address <b>1019 CONANT DR</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	100.00		
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>DEBRA J ODOM</b>								
Street Address <b>2962 GRANADA HILLS DR</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	20.00		
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43231</b>	Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>NINA PACE</b>								
Street Address <b>151 N KELLNER RD</b>				Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	3	11	09	20.00		
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>				

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Total contributions this event

Total expenditures this event

Page Total \$ 245.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KAMBON.EDU</b>				
Full Name of Contributor <b>DIANNE L REID</b>			Registration Number, if PAC	
Street Address <b>8558 APPLERIDGE CIRCLE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>25.00</b>
City <b>PICKERINGTON</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>SANDRA M BALL ROLLAND</b>			Registration Number, if PAC	
Street Address <b>2326 CENTURY DR</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   0   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43211</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>MARIA J SCOTT</b>			Registration Number, if PAC	
Street Address <b>59 FRANKLIN PARK W</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>SHARON D WASHINGTON</b>			Registration Number, if PAC	
Street Address <b>3400 SWEETSER CT</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   0   0   9</b>	Amount <b>25.00</b>
City <b>PICKERINGTON</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>APRIL WATKINS</b>			Registration Number, if PAC	
Street Address <b>3323 BALFORD SQUARE S</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>21.00</b>
City <b>COLUMBUS</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ANNA Y WHEELER</b>			Registration Number, if PAC	
Street Address <b>2803 TALISMAN DR</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>DEBORAH WILLAMS</b>			Registration Number, if PAC	
Street Address <b>2204 LILACWOOD AVE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   1   0   9</b>	Amount <b>20.00</b>
City <b>COLUMBUS</b>	State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>CHECK</b>	

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Total contributions this event

Total expenditures this event

Page Total \$ 151.00

