

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kambon, Edu</b>						
Full Name of Contributor <b>Carol A. Rivers</b>				Registration Number, if PAC		
Street Address <b>4799 Cypress Grove Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>2681</b>	
City <b>Groveport, Ohio</b>	State <b>Oh</b>	Zip Code <b>43215</b>	M <b>11</b>	D <b>03</b>	Y <b>12</b>	Amount <b>25-</b>
Full Name of Contributor <b>Diana K. Williams (Dr)</b>				Registration Number, if PAC		
Street Address <b>12486 West Bank Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>4923</b>	
City <b>Millersport</b>	State <b>Oh</b>	Zip Code <b>43046</b>	M <b>11</b>	D <b>02</b>	Y <b>12</b>	Amount <b>25-</b>
Full Name of Contributor <b>Brenda K. Haynes</b>				Registration Number, if PAC		
Street Address <b>1166 E. Weber Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>5559</b>	
City <b>Columbus</b>	State <b>Oh</b>	Zip Code <b>43211</b>	M <b>11</b>	D <b>11</b>	Y <b>12</b>	Amount <b>100-</b>
Full Name of Contributor <b>Annie F. Peyton + Eugene Peyton</b>				Registration Number, if PAC		
Street Address <b>1458 E Weber Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>5559</b>	
City <b>Columbus</b>	State <b>Oh</b>	Zip Code <b>43211</b>	M <b>11</b>	D <b>11</b>	Y <b>12</b>	Amount <b>100-</b>
Full Name of Contributor <b>Marcus Ross (Attorney)</b>				Registration Number, if PAC		
Street Address <b>2740 Airport Dr Ste 300</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>1158</b>	
City <b>Columbus</b>	State <b>Oh</b>	Zip Code <b>43219-2286</b>	M <b>11</b>	D <b>07</b>	Y <b>12</b>	Amount <b>100-</b>
Full Name of Contributor <b>Teaira Stroman</b>				Registration Number, if PAC		
Street Address <b>247 Fremont Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>7.00</b>	
City <b>Columbus</b>	State <b>Oh</b>	Zip Code <b>43204</b>	M <b>10</b>	D <b>30</b>	Y <b>12</b>	Amount <b>7.00</b>
Full Name of Contributor <b>Hanifah Kambon Learning Center</b>				Registration Number, if PAC		
Street Address <b>858 E. Third</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>2323.00</b>	
City <b>Columbus</b>	State <b>Oh</b>	Zip Code <b>43201</b>	M <b>10</b>	D <b>30</b>	Y <b>12</b>	Amount <b>2323.00</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

\* 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 also appear. [R.C. 3517.10(B)(4)]