

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU					
Full Name of Contributor CAROLYN E RODDY				Registration Number, if PAC	
Street Address 5840 GLORIA COURT	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 09	Amount 25.00
City COLUMBUS	State OH	Zip Code 43231		Form(Cash,Check,etc) CHECK	
Full Name of Contributor DANIEL MOSS				Registration Number, if PAC	
Street Address 1642 FRANKLIN AVE	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 0 9	Amount 50.00
City COLUMBUS	State OH	Zip Code 43205		Form(Cash,Check,etc) CASH	
Full Name of Contributor MIGNONNE WHITLOW				Registration Number, if PAC	
Street Address 1962 MERRYHILL DRIVE	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 0 9	Amount 25.00
City COLUMBUS	State OH	Zip Code 43219		Form(Cash,Check,etc) CHECK	
Full Name of Contributor APRIL WATKINS				Registration Number, if PAC	
Street Address 3323 Balford SQ S	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 0 9	Amount 30.00
City COLUMBUS	State OH	Zip Code 43232		Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN & PEGGY BROADNAX				Registration Number, if PAC	
Street Address 1404 HADDON ROAD	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 0 9	Amount 25.00
City COLUMBUS	State OH	Zip Code 43209		Form(Cash,Check,etc) CHECK	
Full Name of Contributor COREY HUMPHRIES				Registration Number, if PAC	
Street Address 6494 LIMPkin DR	Employer/Occupation/Labor Organization*			M D Y 1 0 1 2 0 9	Amount 10.00
City GAHANNA	State OH	Zip Code 43230		Form(Cash,Check,etc) CASH	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

* 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 \$ 165.00