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Statement of Contributions Received

Prescribed by Secretary of State 3/05

						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name of Committee in Full								
Kambon.EDU								
Full Name of Contributor					Registration Number, if PAC			
Contributions from Event on 5/01								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
City						385.00		
Full Name of Contributor			Registra	ation Num	ber, if PA			
Contributions from Event on 5/12								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer	apation Davor Organization						
~:	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	"		ĺ	115.00		
		1	Pagistr	ation Nun	hor if D	L		
Full Name of Contributor			Kegisu	ation Ivun	ibei, ii i r			
Contributions from Event on 5/7	1					Form (Cash, Check, etc.)		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
						2,820.00		
Full Name of Contributor			Registr	ation Nun	nber, if P	AC		
Contributions from Event on 8/22								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
						788.00		
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC		
Contributions from Event on 3/11								
Street Address					Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
and	100					2,751.00		
Full Name of Contributor			Registr	ation Nur	nber, if P.			
Street Address	Contributions from Event on 9/12 eet Address Employer/Occupation/Labor Organization*							
Street Address								
Cit.	State	Zip Code	M	D	ΙΥ	Amount		
City	State	Zip code				1,140.00		
Full Name of Contributor			Registr	ation Nur	nber if P			
			region.		,			
Lloyd Martin	Ir(0					Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*					Cash		
53 W. 4th street		a: 0	M	D	Y	Amount		
City	State	Zip Code			1			
Mansfield		l 44902	0 9					
Full Name of Contributor			Registi	ration Nu	moer, it P	AC		
Jacob Manser								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
756 Highland Dr.						Pay Pal		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OL	i 43214	110	0 7	0 9	9.00		
		Y.C.	10 1 1	1 1		John nouse of the		

Page Total \$ 8,038.00

^{*} 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)]