

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Triedstone

| Name of Committee in Full                                      |  | Registration Number, if PAC |                                   |
|--|--|-----------------------------|-----------------------------------|
| Kambon, EDU  |  |                             |                                   |
| Full Name of Contributor<br>Clifford Tyree Jr / Gertrude Tyree |  | Registration Number, if PAC |                                   |
| Street Address<br>1066 Lilley Ave                              | Employer/Occupation/Labor Organization*                                | M   D   Y<br>10   30   12   | Amount<br>50.00                   |
| City<br>Columbus   | State<br>Ohio  | Zip Code<br>43206           | Form (Cash, Check, etc.)<br>#6157 |
| Full Name of Contributor<br>Carl Jackson / Willie C Jackson    |  | Registration Number, if PAC |                                   |
| Street Address<br>3301 Woodlawn Ave                            | Employer/Occupation/Labor Organization*<br>382-9767                    | M   D   Y<br>10   30   12   | Amount<br>25.00                   |
| City<br>Schenectady  | State<br>New York  | Zip Code<br>12304-4020      | Form (Cash, Check, etc.)<br>#154  |
| Full Name of Contributor<br>K Machumu Bandele                  |  | Registration Number, if PAC |                                   |
| Street Address<br>1367 E. Deshler Ave                          | Employer/Occupation/Labor Organization*<br>614-443-4485                | M   D   Y<br>10   30   12   | Amount<br>100.00                  |
| City<br>Columbus, Ohio   | State<br>Ohio  | Zip Code<br>43206           | Form (Cash, Check, etc.)<br>#1009 |
| Full Name of Contributor<br>Joseph T. Allen / Barbara Motley   |  | Registration Number, if PAC |                                   |
| Street Address<br>3387 Patriot Blvd                            | Employer/Occupation/Labor Organization*<br>478-8249                    | M   D   Y<br>10   30   12   | Amount<br>100.00                  |
| City<br>Columbus   | State<br>Oh  | Zip Code<br>43219           | Form (Cash, Check, etc.)<br>#1977 |
| Full Name of Contributor<br>Crystal S. Griffin                 |  | Registration Number, if PAC |                                   |
| Street Address<br>5356 Sunlight Ct                             | Employer/Occupation/Labor Organization*                                | M   D   Y<br>10   30   12   | Amount<br>30.00                   |
| City<br>Dublin   | State<br>Oh  | Zip Code<br>43016           | Form (Cash, Check, etc.)<br>#500  |
| Full Name of Contributor<br>Philip R Hemphill                  |  | Registration Number, if PAC |                                   |
| Street Address<br>1627 Shanley Dr                              | Employer/Occupation/Labor Organization*<br>Cell 614-795-8906<br>Apt 11 | M   D   Y<br>10   30   12   | Amount<br>100.00                  |
| City<br>Columbus   | State<br>Oh  | Zip Code<br>43224           | Form (Cash, Check, etc.)<br>#1331 |
| Full Name of Contributor<br>James Coit                         |  | Registration Number, if PAC |                                   |
| Street Address<br>122 Peters                                   | Employer/Occupation/Labor Organization*                                | M   D   Y<br>10   30   12   | Amount<br>3.00                    |
| City<br>Columbus   | State<br>Oh  | Zip Code<br>43201           | 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 also 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

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Total expenditures this event.

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