

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full GIBBS 4 KIDS COMMITTEE							
Full Name of Contributor ROBERT WOOD					Registration Number, if PAC		
Street Address 6756 ANNEISE LAND		Employer/Occupation/Labor Organization* LAW OFFICES OF ROBERT C WOOD			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor THERESA FLANDERS					Registration Number, if PAC		
Street Address 3621 WOOD DUCK DRIVE		Employer/Occupation/Labor Organization* PHYSICIAN RELATIONS/ST LOUIS UNIV			Form (Cash, Check, etc.) CHECK		
City SWANSEA	State IL	Zip Code 62226	M 0	D 4	Y 2	Amount 30.00	
Full Name of Contributor KIMBERLY SPEARS-MCNATT					Registration Number, if PAC		
Street Address 7108 DRUCILLA ST		Employer/Occupation/Labor Organization* OHIO STATE UNIV			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State OH	Zip Code 43147	M 0	D 4	Y 2	Amount 25.00	
Full Name of Contributor APRIL WYATT					Registration Number, if PAC		
Street Address 892 CHITTENDEN AVE		Employer/Occupation/Labor Organization* CHASE BANK			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43211	M 0	D 4	Y 2	Amount 50.00	
Full Name of Contributor ROBERT WEILER					Registration Number, if PAC		
Street Address 10 N HIGH ST STE 401		Employer/Occupation/Labor Organization* REAL ESTATE AGENT			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214	M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor GRETA RUSSELL					Registration Number, if PAC		
Street Address 674 BELLAMY PLACE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43213	M 0	D 5	Y 0	Amount 150.00	
Full Name of Contributor TRACY HEARD					Registration Number, if PAC		
Street Address 87 S HAMPTON RD		Employer/Occupation/Labor Organization* HOUSE OF REPRESENTATIVES			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43213	M 0	D 4	Y 3	Amount 500.00	
Full Name of Contributor STATEMENT OF CONTRIBUTIONS FROM SPECIAL EVENT					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M 0	D 4	Y 0	Amount 180.00	

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

Page Total **1135.00**