

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
GIBBS 4 KIDS COMMITTEE			
Full Name of Contributor ROBERT E LEE III		Registration Number, if PAC	
Street Address 2574 DOVER RD	Employer/Occupation/Labor Organization* TOUCHSTONE HOSPITALITY	M 1 D 0 Y 2	Amount 100.00
City COLUMBUS	Sta te OH Zip Code 43209	Form (Cash, Check, etc.) 4541	
Full Name of Contributor KESHA SIMMONS GARRETT		Registration Number, if PAC	
Street Address 3184 GIDEON LANE	Employer/Occupation/Labor Organization* URBAN LEAGUE	M 1 D 0 Y 2	Amount 25.00
City COLUMBUS	Sta te OH Zip Code 43219	Form (Cash, Check, etc.) 1039	
Full Name of Contributor LAWRENCE AULS		Registration Number, if PAC	
Street Address 124 BRUNSON AVE	Employer/Occupation/Labor Organization*	M 1 D 0 Y 2	Amount 25.00
City COLUMBUS	Sta te OH Zip Code 43203	Form (Cash, Check, etc.) CASH	
Full Name of Contributor MICHAEL ROBERTS		Registration Number, if PAC	
Street Address 138 ROYAL FARM EAST	Employer/Occupation/Labor Organization* GLOW LIGHT PRODUCE	M 1 D 0 Y 2	Amount 25.00
City BLACKICK	Sta te OH Zip Code 43004	Form (Cash, Check, etc.) CASH	
Full Name of Contributor MATARYAN WRIGHT		Registration Number, if PAC	
Street Address 897 E. 11th AVE	Employer/Occupation/Labor Organization* RAMA CONSULTING GRP	M 1 D 0 Y 2	Amount 60.00
City COLUMBUS	Sta te OH Zip Code 43211	Form (Cash, Check, etc.) 14-39550982	
Full Name of Contributor KIMBERLY LOCKROFT		Registration Number, if PAC	
Street Address 988 WELLINGTON BLVD	Employer/Occupation/Labor Organization* FRANKLIN COUNTY COURT	M 1 D 0 Y 2	Amount 35.00
City COLUMBUS	Sta te OH Zip Code 43219	Form (Cash, Check, etc.) 4084	
Full Name of Contributor LISA CHAMBERS		Registration Number, if PAC	
Street Address 927 WILSON AVE	Employer/Occupation/Labor Organization* TCDH / PRUTOR	M 1 D 0 Y 2	Amount 75.00
City COLUMBUS	Sta te OH Zip Code 43206	Form (Cash, Check, etc.) 977	

* 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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Page Total \$ 345.00
