

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 Charleta Tavares				Registration Number, if PAC	
Street Address 1237 Medford Road		Employer/Occupation/Labor Organization* Executive Director		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Agnes Patrick Jennings					
Street Address 1325 Sunbury Road		Employer/Occupation/Labor Organization* Retired		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 3	Amount \$25.00
				Form (Cash, Check, etc.) Money Order	
Full Name of Contributor Kimberly Brant					
Street Address 2457 Brookwood Road		Employer/Occupation/Labor Organization* Insurance Underwriter		M 1	D 1
City Columbus		State OH	Zip Code	Y 0	Amount \$40.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Contributor of \$25 or less					
Street Address		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code	Y 0	Amount \$68.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				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

\$283.00

Total expenditures this event.

\$50.00

Page Total \$ **\$283.00**