

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gibbs 4 Kids Committee							
Full Name of Contributor Nationwide Better Citizenship					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 2	Y 0 7	Amount 500.00	
Full Name of Contributor Committee for Joyce Beatty					Registration Number, if PAC 		
Street Address 233 S High St. Suite 300		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 9	Y 0 7	Amount 250.00	
Full Name of Contributor Shandell Jamal					Registration Number, if PAC 		
Street Address 2178 Sunshine Place		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 1 0	D 2 5	Y 0 7	Amount 100.00	
Full Name of Contributor Shanda Harris					Registration Number, if PAC 		
Street Address 2775 Preston Club		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1 1	D 0 1	Y 0 7	Amount 50.00	
Full Name of Contributor Click & Pledge					Registration Number, if PAC 		
Street Address 2200 Kraft Drive Suite 175		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Blacksburg	State V A	Zip Code 24060	M 1 1	D 0 1	Y 0 7	Amount 97.51	
Full Name of Contributor John Parmis					Registration Number, if PAC 		
Street Address 6910 Cunningham Drive		Employer/Occupation/Labor Organization* CPA			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1 0	D 2 6	Y 0 7	Amount 200.00	
Full Name of Contributor Stephanie Barnett					Registration Number, if PAC 		
Street Address 1325 Haddon Road		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 6	Y 0 7	Amount 25.00	
Full Name of Contributor Demetries Walker					Registration Number, if PAC 		
Street Address 345 Farm Creek Drive		Employer/Occupation/Labor Organization* Self-employed			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 7	Y 0 7	Amount 200.00	

* 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)]

Page Total \$ 1,422.51