

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>							
Full Name of Contributor <b>DAPSE AFSOME TURNAROUND OHIO</b>						Registration Number, if PAC <b>6A 1269</b>	
Street Address <b>6805 DAK CREEK DRIVE</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>3624</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>08</b>	D <b>17</b>	Y <b>11</b>	Amount <b>2500.00</b>	
Full Name of Contributor <b>TEACHERS FOR BETTER SCHOOLS</b>						Registration Number, if PAC	
Street Address <b>929 E. BROAD STREET</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>178</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43205</b>	M <b>09</b>	D <b>01</b>	Y <b>11</b>	Amount <b>2000.00</b>	
Full Name of Contributor <b>LARK T MALLOY</b>						Registration Number, if PAC	
Street Address <b>8106 STATE RIDGE BLVD</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>3608</b>	
City <b>REYNOLDSBURGH</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>09</b>	D <b>26</b>	Y <b>11</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>LAUREL A BEATINI</b>						Registration Number, if PAC	
Street Address <b>268 E GATES ST</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>1169</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>09</b>	D <b>26</b>	Y <b>11</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>CASH (RETURN OF CHANGE FOR FUNDRAISER)</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>	
City	State	Zip Code	M <b>09</b>	D <b>26</b>	Y <b>11</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM # 31-E</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M <b>09</b>	D <b>26</b>	Y <b>11</b>	Amount <b>1440.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* 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)]