

TOWN PAPER FILING CIVIL

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE						Registration Number, if PAC	
Full Name CHRISTOPHER BROWN (PHYSICIAN)							
Address 792 WESTRAY DRIVE		Type* RE		M 0	D 4	Y 2	Amount 200.00
City WESTERVILLE		State OH	Zip Code 43081	Form (Cash, Check, etc.) PAYPAL			
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

200.00