

Event Date 10/17/07

Page 1

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>											
To Whom Paid <b>RAMA Consulting Group LLC (outstanding)</b>						M	D	Y	Amount <b>243.39</b>		
						1	2	0	3	0	7
Address <b>209 S High Street Suite 208</b>				Purpose <b>Catering</b>							
City <b>Columbus</b>				State <b>O</b>	H	Zip Code <b>43215</b>		Check Number <b>109</b>			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State		Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 243.39