

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					Registration Number, if PAC	
Full Name of Contributor Tamara Staley			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 5597 Buxley Drive		TAP Pharmaceuticals		0 7 1 2 0 7		\$50.00
City Westerville		State OH	Zip Code 43081		Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Porter			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 3439 Rosburg Drive		City of Columbus		0 7 1 2 0 7		\$30.00
City Columbus		State OH	Zip Code 43228		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Maria Miles			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 2230 Trent Road		Worthington Industries		0 7 1 2 0 7		\$40.00
City Columbus		State OH	Zip Code		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Mariane White			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 5172 Solgrove Drive		Consultant		0 7 1 2 0 7		\$30.00
City Columbus		State OH	Zip Code		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Andre Lampkins			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 188 Rugby Lane		Columbus Urban League		0 7 1 2 0 7		\$50.00
City Gahanna		State OH	Zip Code 43230		Form (Cash, Check, etc.) Check	
Full Name of Contributor Major Foley			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 2673 Rinald Drive		Abbott Labs		0 7 1 2 0 7		\$30.00
City Columbus		State OH	Zip Code 43219		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Natalie M. James			Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 5706 Blendon Brook Lane		CPS		0 7 1 2 0 7		\$50.00
City Gahanna		State OH	Zip Code 43230		Form (Cash, Check, etc.) Check	

* 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

\$1,155.00

Total expenditures this event.

\$75.00

Page Total \$

\$280.00