

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 Angela Anderson			Employer/Occupation/Labor Organization*		Amount	
Street Address 49 High Meadow Drive		Nationwide		M	D	Y
				1	0	1107
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		\$50.00
Full Name of Contributor Jerry Allen					Registration Number, if PAC	
Street Address 3751 Prestwoud Close			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		\$50.00
Full Name of Contributor Cinnamon Pelly					Registration Number, if PAC	
Street Address 5140 North High Street #111			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		\$35.00
Full Name of Contributor Janet Jackson					Registration Number, if PAC	
Street Address 2865 Castlewood Road			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		\$100.00
Full Name of Contributor Edwin Hogan					Registration Number, if PAC	
Street Address 2727 Mitzi Drive			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		\$50.00
Full Name of Contributor Eric Carmichael					Registration Number, if PAC	
Street Address 1299 Brookwood Place			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		\$50.00
Full Name of Contributor Trudy Bartley					Registration Number, if PAC	
Street Address 7517 Ogden Woods Blvd			Employer/Occupation/Labor Organization*		Amount	
				M	D	Y
				1	0	1107
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		\$50.00

* 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 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

\$955.00

Total expenditures this event.

\$0.00

Page Total \$ **\$385.00**