

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gibbs 4 Kids Committee							
Full Name of Contributor Jerry Saunders					Registration Number, if PAC		
Street Address 2788 Floribunda Drive		Employer/Occupation/Labor Organization* Executive Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 4	Y 0 7	Amount 50.00	
Full Name of Contributor Parkview HNC					Registration Number, if PAC		
Street Address 46 N. Parkview Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 7	Y 0 7	Amount 500.00	
Full Name of Contributor Plumbers & Pipefitters LU 189					Registration Number, if PAC #6220		
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization* Labor Union			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Sandra Ragland					Registration Number, if PAC		
Street Address 3631 Florian Drive		Employer/Occupation/Labor Organization* OSU			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43219	M 1 0	D 2 3	Y 0 7	Amount 100.00	
Full Name of Contributor Contributions From Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State O H	Zip Code	M 1 0	D 1 7	Y 0 7	Amount 400.00	
Full Name of Contributor John Gore					Registration Number, if PAC		
Street Address 183 Farmwood Place		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Cash		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 9	Y 0 7	Amount 50.00	
Full Name of Contributor Lisa M. Chambers					Registration Number, if PAC		
Street Address 927 Wilson Avenue		Employer/Occupation/Labor Organization* Tech Corp			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43206	M 1 1	D 0 1	Y 0 7	Amount 25.00	
Full Name of Contributor Contributions From Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State O H	Zip Code	M 1 1	D 0 1	Y 0 7	Amount 283.00	

* 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 appear. [R.C. 3517.10(B)(4)]