

TAMARA STALEY CIVIL

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

 Date 4/1/13
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Name of Committee in Full GIBBS 4 KIDS COMMITTEE				
Full Name of Contributor NANCY PRYOR SULLY			Registration Number, if PAC	
Street Address 200 REINHARD AVE	Employer/Occupation/Labor Organization* CITY COUNCIL		M 0 D 4 Y 0 1 1 5	Amount 25.00
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc.) CASH	
Full Name of Contributor TAMARA STALEY			Registration Number, if PAC	
Street Address 5597 BUXLEY DRIVE	Employer/Occupation/Labor Organization* SALES/GRAINGER		M 0 D 4 Y 0 1 1 5	Amount 55.00
City WESTERVILLE	State OH	Zip Code 43081	Form (Cash, Check, etc.) CASH	
Full Name of Contributor PATRICIA HICKS			Registration Number, if PAC	
Street Address 6283 HISS-LANE	Employer/Occupation/Labor Organization* CONSULTANT		M 0 D 4 Y 0 1 1 5	Amount 100.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

180.00

Total expenditures this event.

\$0.00

180.00