31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_	9	11	!1	
Page 2		•		

Name of Committee in Full GIBBS 4 KIDS COROMITM	*** _* -				
Full Name of Contributor			Registration Number, if PAC		
JAUICA TUCKER PERCE	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
3575 QUICKWATER PORD	Cus law		090111 100.00		
City GENE CITY Full Name of Contributor	Sta te	Zip Code 43123	Form (Cash, Check, etc.)		
			Registration Number, if PAC		
AMY HIGHTOWER. Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
2005 BANCROFT ST	COORD V2W		D 9 0 1 1 1 25.00		
Columbus	Sta te	Zip Code 43219	1 2 7 D		
Full Name of Contributor			Registration Number, if PAC		
ROBERT CHITTON	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
7003 CIDVERTY DR	IMPACT		090111 7500		
City	Sta te	Zip Code 43230	Form (Cash, Check, etc.)		
GAHAMMA Full Name of Contributor		to the same title can	Registration Number, if PAC		
CORTEZ BOGAKA	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
379 W 4th	BOGARD INSURANCE		090111 5000		
Columbus	Sta te	Zip Code 4 3 2 0 1	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
KESHA GAERETT Street Address	Employer/Occupa	stion/Labor Organization*	M D Y Amount		
3/84 GIDEON LANE	COLS UPBANE LEAGUE		6 4 5 1 1 1 25.00 Form (Cash, Check, etc.)		
Columbus	Sta te	Zip Code 43219	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
TANIA LE EATRA Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
244 S. DAKLEY	Cols URBAN LEAGUE		090111 25.00		
Colnmans	Sta te	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	<u> </u>		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
3184 CIDEON LAME			090111 25.00		
Columbus	Sta te	Zip Code 432.19	Form (Cash, Check, etc.) CASH		
* Required for contributions from individuals over \$100 to state the individual's business, if any, rather than employer should be	wide and General Ass	sembly candidates. If contributor i	s self-employed, the occupation and the name of		
labor organization of which the employees are members, if any,			acadenon and exceed the aggregate of \$100, the		
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. in the date column	Under Full Name of C	Contributor state "Contributions fr	om form No. 31-E" and list the date of the event		
Total contributions this event	Total expenditures this event.				
			Page Total \$ 325. 00		