

FOR PAPER FILING ONLY

Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full GIBBS 4 KIDS COMMITTEE							
Full Name of Contributor OAPSE AFSCME TURNAROUND OHIO						Registration Number, if PAC LA 1269	
Street Address 6805 OAK CREEK DRIVE			Employer/Occupation/Labor Organization* OHIO PAC			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH		Zip Code 43229	M 0	D 3
						Y 2	V 5
Amount 2500.00							
Full Name of Contributor KALITHA WILLIAMS						Registration Number, if PAC	
Street Address 2265 WATERS EDGE BLVD			Employer/Occupation/Labor Organization* LOBBYIST			Form (Cash, Check, etc.) CASH	
City COLUMBUS			State OH		Zip Code 43209	M 0	D 4
						Y 0	V 2
Amount 30.00							
Full Name of Contributor STATEMENT OF CONTRIBUTIONS FROM SPECIAL EVENTS						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City			State OH		Zip Code	M 0	D 4
						Y 0	V 1
Amount 425.00							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH		Zip Code	M	D
						Y	V
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH		Zip Code	M	D
						Y	V
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH		Zip Code	M	D
						Y	V
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH		Zip Code	M	D
						Y	V
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH		Zip Code	M	D
						Y	V
Amount							

* 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)]

2955.00