

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							
Full Name of Contributor NANCY SWILY				Registration Number, if PAC			
Street Address 200 REINHARDT AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State OH	Zip Code 43206	0	9	0	25.00
Form (Cash, Check, etc.) 4916							
Full Name of Contributor KIMBERLY SPEARS-MCNATT				Registration Number, if PAC			
Street Address 7108 DRUCILLA ST		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City PICKERINGTOWN		State OH	Zip Code 43147	0	9	0	100.00
Form (Cash, Check, etc.) 5456							
Full Name of Contributor KAI LANDIS				Registration Number, if PAC			
Street Address 8114 REYNOLDSWOOD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City REYNOLDSBURG		State OH	Zip Code 43068	0	9	0	50.00
Form (Cash, Check, etc.) CASH							
Full Name of Contributor AARON RILEY				Registration Number, if PAC			
Street Address 3379 CROSSING HILL WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State OH	Zip Code 43219	0	9	0	50.00
Form (Cash, Check, etc.)							
Full Name of Contributor HOWARD HEARD				Registration Number, if PAC			
Street Address 1732 COLE ST		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State OH	Zip Code 43205	0	9	0	50.00
Form (Cash, Check, etc.) 1809							
Full Name of Contributor TRACIE RANDOM				Registration Number, if PAC			
Street Address 26 IRONCLAD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State OH	Zip Code 43213	0	9	0	100.00
Form (Cash, Check, etc.) 1103							
Full Name of Contributor MAKIA KAYABON				Registration Number, if PAC			
Street Address 63 N OHIO AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State OH	Zip Code 43203	0	9	0	30.00
Form (Cash, Check, etc.) CASH							

* 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

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Total expenditures this event.

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Page Total \$ 405.00
