

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 PYON			Registration Number, if PAC	
Street Address 379 W. 4TH AVE	Employer/Occupation/Labor Organization* SELF EMPLOYED CONSULTANT		M D Y 09 01 11	Amount 50.00
City COLUMBUS	State OH	Zip Code 43201	Form (Cash, Check, etc.) CASH	
Full Name of Contributor TEI STREET			Registration Number, if PAC	
Street Address 187 N. GARFIELD AVE	Employer/Occupation/Labor Organization* SELF EMPLOYED CONSULTANT		M D Y 09 01 11	Amount 200.00
City COLUMBUS	State OH	Zip Code 43203	Form (Cash, Check, etc.) 3403	
Full Name of Contributor CHARLENE GREENE			Registration Number, if PAC	
Street Address 1599 E. GATES STREET	Employer/Occupation/Labor Organization* SSCH		M D Y 09 01 11	Amount 75.00
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc.) 619	
Full Name of Contributor SAMUEL GRESHAM			Registration Number, if PAC	
Street Address 2491 WATERFALL LANE	Employer/Occupation/Labor Organization* SELF EMPLOYED / CONSULTANT		M D Y 09 01 11	Amount 100.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) 497	
Full Name of Contributor JAMES RAGLAND			Registration Number, if PAC	
Street Address 3784 CANWAY DRIVE	Employer/Occupation/Labor Organization* UDD		M D Y 09 01 11	Amount 60.00
City COLUMBUS	State OH	Zip Code	Form (Cash, Check, etc.) CASH	
Full Name of Contributor STEPHANIE HARPER			Registration Number, if PAC	
Street Address 6959 REMSEN DR	Employer/Occupation/Labor Organization* CITY OF COLUMBUS		M D Y 09 01 11	Amount 75.00
City CANAL WINCHESTER	State OH	Zip Code 43110	Form (Cash, Check, etc.) 1163	
Full Name of Contributor MD WRIGHT			Registration Number, if PAC	
Street Address 897 E 11TH AVE	Employer/Occupation/Labor Organization* RAMA CONSULTING		M D Y 09 01 11	Amount 100.00
City COLUMBUS	State OH	Zip Code 43211	Form (Cash, Check, etc.) 7442 MD	

* 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 \$ 660.00
