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Statement of Contributions Received

Prescribed by Secretary of State 3/05

							
Name of Committee in Full							
Gibbs 4 Kids Committee		 					
Full Name of Contributor				Registration Number, if PAC			
Darnita Bradley		 					
Street Address	1 -	cupation/Labor Organization	•			Form (Cash, Check, etc.)	
1643 Minturn Drive	Colum	ıbia Gas				Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	O F	1 43054	1 0	2 2	0 7	50.00	
Full Name of Contributor Registration Number, if PAC							
Click & Pledge							
Street Address	Employer/Occ	cupation/Labor Organization*	-			Form (Cash, Check, etc.)	
2200 Kraft Drive Suite 175						Check	
City	State	Zip Code	М	D	Y	Amount	
Blacksburg	$V \mid P$	24060	111	1 5	0 7	235.62	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registrat	ion Numb	er, if PA		
Mark K Milligan							
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)	
P.O. Box 12307						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIF	43212	1 0	2 1	0 7	100.00	
Full Name of Contributor				ion Numb			
Philip Dickerson							
Street Address	Employer/Occ	apation/Labor Organization*	,			Form (Cash, Check, etc.)	
1238 Augmont Avenue	1	Official				Cash	
City	State	Zip Code	м	D	Ÿ	Amount	
Columbus	OLE	J -	1 1		0 7	25.00	
Full Name of Contributor		- 40207					
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occ	unation/ abor Organization*				Form (Cash Chash ata)	
545011144666	Limpioyerou	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			rom (Cash, Check, etc.)		
City	State	Zip Code	M	ъ Г		A	
Chi	State	Zip Code	IVI	D	Y	Amount	
Full Name of Contributor					ichi		
Full Name of Contributor Registration Number, if PAC							
Co A 11	E 1 /0		<u> </u>				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Ϋ́	Amount	
Full Name of Contributor			Registrati	on Numbe	er, if PAC		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
				-			
City	State	Zip Code	M	D	Y	Amount	
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* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 410.62