

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee						
Full Name of Contributor Erika Clark Jones				Registration Number, if PAC		
Street Address 63 S. Harding Road		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 2	Amount \$75.00
Full Name of Contributor Keena Smith				Registration Number, if PAC		
Street Address 1638 Mintum Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 2	Amount \$50.00
Full Name of Contributor Ohio Ethic Commission				Registration Number, if PAC		
Street Address 8 East Long Street 10th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 0	Amount \$250.00
Full Name of Contributor Jayne Moore				Registration Number, if PAC		
Street Address 1632 Bryden Road		Employer/Occupation/Labor Organization* Ohio Senate			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 2	Amount \$60.00
Full Name of Contributor Christie Angel				Registration Number, if PAC		
Street Address 206 Beck Street		Employer/Occupation/Labor Organization* SBC			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 0	D 7	Y 0	Amount \$100.00
Full Name of Contributor Natalie M. James				Registration Number, if PAC		
Street Address 5706 Blendon Brook Lane		Employer/Occupation/Labor Organization* CPS			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 1	Amount \$20.00
Full Name of Contributor John Jackson				Registration Number, if PAC		
Street Address 51 Liberty Ridge Avenue		Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 8	Y 0	Amount \$100.00
Full Name of Contributor Heidi Yoakum				Registration Number, if PAC		
Street Address 779 E. Brighton Road		Employer/Occupation/Labor Organization* Ed. Council			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	M 0	D 7	Y 2	Amount \$100.00

* 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)]