

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>				
Full Name of Contributor <b>ROBERT CHILTON</b>			Registration Number, if PAC	
Street Address <b>1003 CLOVERLY DRIVE</b>	Employer/Occupation/Labor Organization* <b>IMPACT</b>		M <b>1</b>	D <b>0</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Y <b>2</b>	Amount <b>100.00</b>
Form (Cash, Check, etc.) <b>CASH</b>				
Full Name of Contributor <b>BRANDON CHAPMAN</b>			Registration Number, if PAC	
Street Address <b>1562 JOHNATHAN DR</b>	Employer/Occupation/Labor Organization* <b>SOUTHEAST</b>		M <b>1</b>	D <b>0</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43201</b>	Y <b>2</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CASH</b>				
Full Name of Contributor <b>WILLIAM POINDEXTER</b>			Registration Number, if PAC	
Street Address <b>411 BUTTLES</b>	Employer/Occupation/Labor Organization* <b>HUNTINGTON BANK</b>		M <b>1</b>	D <b>0</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43201</b>	Y <b>2</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CASH</b>				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

\* 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

**6566.00**

Total expenditures this event.

**218.84**

Page Total \$ **200.00**