

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GIBBS 4 KIDS COMMITTEE							
Full Name of Contributor JOHNNY E ESTES					Registration Number, if PAC		
Street Address PO BOX 307372		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43230	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor THERESA FLANDERS					Registration Number, if PAC		
Street Address 3621 WOOD DUCK DRIVE		Employer/Occupation/Labor Organization* SAINT LOUIS UNIVERSITY HOSPITAL			Form (Cash, Check, etc.) CHECK		
City SWANSEA	State IL	Zip Code 62226	M 1	D 0	Y 7	Amount 25.00	
Full Name of Contributor JUDITH GORE					Registration Number, if PAC		
Street Address 183 FARMWOOD PLACE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor NATIONWIDE MUTUAL INSURANCE					Registration Number, if PAC		
Street Address ONE NATIONWIDE PLAZA 1-32-06		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount 1500.00	
Full Name of Contributor STONEWALL DEMOCRATS OF CENTRAL OHIO					Registration Number, if PAC		
Street Address 545 E TOWN ST		Employer/Occupation/Labor Organization* POLITICAL ORGANIZATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor KATHLYNNE ESPY					Registration Number, if PAC		
Street Address 1350 BROOKWOOD PL		Employer/Occupation/Labor Organization* MOUNT CARMEL HOSPITAL			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43209	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor CONTRIBUTIONS FROM SOCIAL EVENT FROM 31 E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M 1	D 0	Y 2	Amount 6566.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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)]