

FUNK PAPER FILLING ONLY

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

Prescribed by Secretary of State 03/05

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Name of Committee in Full GIBBS 4 KIDS COMMITTEE					
Full Name of Contributor CHARLENE E. GREENE				Registration Number, if PAC	
Street Address 1599 E GATES ST		Employer/Occupation/Labor Organization* SSCH/VOL COORDINATC		M 0	D 4
City COLUMBUS		State OH	Zip Code 43206	Y 1	Amount 50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor VINSETTA MONTGOMERY					
Street Address 4286 PORTOBELLO DR		Employer/Occupation/Labor Organization* PALMETTO/MEDICARE		M 0	D 4
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount 25.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor GARY L BAKER II					
Street Address 2142 STAGHORN WAY		Employer/Occupation/Labor Organization* COLUMBUS/BOE		M 0	D 4
City GROVE CITY		State OH	Zip Code 43123	Y 1	Amount 25.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor AUTUMN GLOVER					
Street Address 115 S. KELLNER ROAD		Employer/Occupation/Labor Organization* PACT/DIRECTOR		M 0	D 4
City COLUMBUS		State OH	Zip Code 43209	Y 1	Amount 25.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor ROBERT E. CHILTON					
Street Address 1003 CLOVERLY DRIVE		Employer/Occupation/Labor Organization* IMPACT/CEO		M 0	D 4
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount 100.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor DEREK H ANDERSON					
Street Address 3191 E BROAD ST		Employer/Occupation/Labor Organization* CITY OF COLUMBUS/ADM		M 0	D 4
City COLUMBUS		State OH	Zip Code 43209	Y 1	Amount 100.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor TEI STREET					
Street Address 187 N GARFIELD AVE		Employer/Occupation/Labor Organization* OHIO STATE UNIV		M 0	D 4
City COLUMBUS		State OH	Zip Code 43203	Y 1	Amount 100.00
Form (Cash, Check, etc.) CHECK					

* 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

425.00

Total expenditures this event.

\$0.00

425.00