

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

Prescribed by Secretary of State 03/05

Name of Committee in Full GIBBS 4 KIDS COMMITTEE			
Full Name of Contributor CHRISTOPHER WASHINGTON		Registration Number, if PAC	
Street Address 7975 WINDRIFF PLACE	Employer/Occupation/Labor Organization* FRANKLIN UNIV	M D Y 090111	Amount 50.00
City REYNOLDSBURG	State OH	Zip Code 43068	Form (Cash, Check, etc.) 867

Full Name of Contributor			
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc.)

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Full Name of Contributor			
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	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

1440	00
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Total expenditures this event.

80	00
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Page Total \$ 50.00
