## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	7/12/07
Page 2	

\$875.00

Page Total \$

Name of Committee in Full Gibbs 4 Kids Committee		
Full Name of Contributor Acovia Jones-Grove		Registration Number, if PAC
Street Address 5458 Sumac Loop East	Employer/Occupation/Labor Organization*	M D Y Amount \$50.00
City Columbus	Stal te Zip Code OH 43229	Form (Cash, Check, etc.) Check
Full Name of Contributor Gary L. Baker		Registration Number, if PAC
Street Address 2142 Staghorn Way	Employer/Occupation/Labor Organization* Huntington Bank	M 7 1 2 0 7 Amount \$50.00
City Grove City	Stal te         Zip Code           OH         43123	Form (Cash, Check, etc.) Check
Full Name of Contributor Michael Davis		Registration Number, if PAC
Street Address 106 Stockard Loop	Employer/Occupation/Labor Organization* Chase Bank	M D Amount 440.00
<sup>City</sup> Delaware	Stal te         Zip Code           OH         43015	Form (Cash, Check, etc.) Check
Full Name of Contributor  Dawn Tyler Lee		Registration Number, if PAC
Street Address 2574 Dover Road	Employer/Occupation/Labor Organization* OSU	M D Amount S 100.00
City Columbus	Stal te         Zip Code           OH         43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Lisa M. Chambers		Registration Number, if PAC
Street Address 927 Wilson Avenue	Employer/Occupation/Labor Organization* Tech Corp	0 7 1 2 0 7 Amount \$50.00
City Columbus	State Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert E. Lee		Registration Number, if PAC
Street Address 2574 Dover Road	Employer/Occupation/Labor Organization* Capital Club	0 7 1 2 0 7 \$50.00
Columbus	State OH Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Contributors of \$25 or less	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	0 7 1 2 0 7 Amount \$535.00
City	State Zip Code	Form (Cash, Check, etc.) Check & Cash contributor is self-employed, the occupation and the name o

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	Total expenditures this event.
\$1,155.00	\$75.00

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)]