Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full GIBBS 4 KIDS COMMITTEE (PAYPA	(L)						
Full Name of Contributor LAVANYA WATKINS				Registration Number, if PAC			
Street Address 8655 LOVELL LANE		Employer/Occupation/Labor Organization* WESTERVILLE CITY SCHOOLS				Form (Cash, Check, etc.) PAYPAL	
City BLACKLICK	State OH	Zip Code 43004		D 6	1 5	Amount 10.00	
Full Name of Contributor KIMBERLY SPEARS-MCNATT					Registration Number, if PAC		
Street Address 7108 DRUCILLA ST	OHIO S	Employer/Occupation/Labor Organization OHIO STATE UNIVERSITY				Form (Cash, Check, etc.) PAYPAL	
City PICKERINGTON	State OH	Zip Code 43147			1 S	Amount 100.00	
Full Name of Contributor SHELLY EVERETT	Registrat				stration Number, if PAC		
Street Address 107 BRIGHTON RD	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) PAYPAL	
COLUMBUS	State OH	Zip Code 43202	1 O	1 7	1 5	Amount 50.00	
CHRISTOPHER BROWN				tion Num	iber, if PA	AC	
Street Address 792 WESTRAY DRIVE	Employer/Occup CHRIST	MD LLC			Form (Cash, Check, etc.) PAYPAL		
City COLUMBUS	State OH	Zip Code 43081	1 ^M O	2 D	1 5	Amount 100.00	
Full Name of Contributor MARCIE LITTLEJOHN Registration Number, if PAC							
Street Address 330 DOUGLAS FIR DR	Employer/Occup EVERES				Form (Cash, Check, etc.) PAYPAL		
City BLACKLICK	State OH	Zip Code 43004		2 ^D 2	1	Amount 25.00	
Full Name of Contributor JANICA PIERCE TUCKER Registration Number, if					ber, if PA	AC	
Street Address 3575 QUICKWATER ROAD		Employer/Occupation/Labor Organization* TAFT LAW FIRM				Form (Cash, Check, etc.) PAYPAL	
GROVE CITY	State OH	Zip Code 43123	1 M	2 ^D 2	1 5	Amount 25.00	
ull Name of Contributor TANIKKA PRICE Registration Number, if I					ber, if PA	(C	
Street Address 2899 TEMPLETON ROAD	Employer/Occupation/Labor Organization MOMS 2B					Form (Cash, Check, etc.) PAYPAL	
COLUMBUS	State OH	Zip Code 43209			Y 1 5	Amount 25.00	
Full Name of Contributor Registration Number, if P						(C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Атоци	

Page Total 335.00

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)]