

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 Tracy M. Heard			Registration Number, if PAC	
Street Address 1186 Geers Avenue	Employer/Occupation/Labor Organization* State of Ohio		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jayne Moore			Registration Number, if PAC	
Street Address 1632 Bryden Road	Employer/Occupation/Labor Organization* Ohio Senate		M D Y 0 7 2 1 0 7	Amount \$100.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Russell Goodwin			Registration Number, if PAC	
Street Address 103 E. First Avenue	Employer/Occupation/Labor Organization* Butler AHS		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Guadalupe A. Velasquez			Registration Number, if PAC	
Street Address 1740 Canvashack Lane	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melinda Carter			Registration Number, if PAC	
Street Address 1879 Northcliff Drive	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Janelle Simmons			Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization* Limited Brands		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jean Harvey			Registration Number, if PAC	
Street Address 34 W. Starr Avenue	Employer/Occupation/Labor Organization* Victoria Secret		M D Y 0 7 2 1 0 7	Amount \$50.00
City Columbus	State OH	Zip Code 43201	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

\$950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$400.00**