

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					Registration Number, if PAC	
Full Name of Contributor Angela Anderson			Employer/Occupation/Labor Organization*		Amount	
Street Address 4939 Village Meadows Drive		Nationwide		M	D	Y
City Westerville		State OH	Zip Code 43081	0	7	2107
Form (Cash, Check, etc.) Check			\$100.00			
Full Name of Contributor Laurel Beatty			Employer/Occupation/Labor Organization*		Amount	
Street Address 268 E. Gates		Secretary of State		M	D	Y
City Columbus		State OH	Zip Code 43206	0	7	2107
Form (Cash, Check, etc.) Check			\$100.00			
Full Name of Contributor Antoinette Teague			Employer/Occupation/Labor Organization*		Amount	
Street Address 4824 Gilhem Court		Phoenix Consulting		M	D	Y
City Columbus		State OH	Zip Code 43228	0	7	2107
Form (Cash, Check, etc.) Check			\$50.00			
Full Name of Contributor Kimberly Spears-McNatt			Employer/Occupation/Labor Organization*		Amount	
Street Address 1704 Convair Drive		OSU		M	D	Y
City Galloway		State OH	Zip Code 43119	0	7	2107
Form (Cash, Check, etc.) Check			\$100.00			
Full Name of Contributor Paul Haggard			Employer/Occupation/Labor Organization*		Amount	
Street Address 5498 Satinwood Drive		Cols Housing Partners		M	D	Y
City Columbus		State OH	Zip Code 43229	0	7	2107
Form (Cash, Check, etc.) Check			\$100.00			
Full Name of Contributor Karen Coleman			Employer/Occupation/Labor Organization*		Amount	
Street Address 4675 Belfast Drive		Synergi Salon		M	D	Y
City Columbus		State OH	Zip Code 43227	0	7	2107
Form (Cash, Check, etc.) Check			\$50.00			
Full Name of Contributor Tressa Brinkley			Employer/Occupation/Labor Organization*		Amount	
Street Address 5937 Effingham Road		Franklin County Sheriff		M	D	Y
City Columbus		State OH	Zip Code 43213	0	7	2107
Form (Cash, Check, etc.) Check			\$20.00			

* 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)]

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 \$ **\$520.00**