

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>					
Full Name of Contributor <b>Marvin Jones</b>				Registration Number, if PAC	
Street Address <b>1655 E. Sycamore St.</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	<b>0</b>	<b>8</b>	<b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Courtnee Carrigan</b>					
Street Address <b>4094 Meadowleigh Way</b>				Employer/Occupation/Labor Organization* <b>YWCA</b>	
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Halle Malcomb</b>					
Street Address <b>2073 Park Run Drive</b>				Employer/Occupation/Labor Organization* <b>Girl Scouts</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Charity Martin</b>					
Street Address <b>893 E. Long St.</b>				Employer/Occupation/Labor Organization* <b>Urban Spirit Café</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Shanikka Flinn</b>					
Street Address <b>2510 Kimberly Pkwy East #201</b>				Employer/Occupation/Labor Organization* <b>Precise One Marketing, LLC</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
			Form(Cash,Check,etc)		Amount
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
			Form(Cash,Check,etc)		Amount

\* 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 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

**725.00**

Total expenditures this event

**35.78**

Page Total \$ **105.00**