

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
GIBBS 4 KIDS COMMITTEE					
Full Name of Contributor			Registration Number, if PAC		
Kesha Garrett					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3184 Gidion Lane	Columbus Urban League		0	8	0
City	State	Zip Code	6	0	9
Columbus	O H	43219	Amount		
			50.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Oyauma Garrison					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8033 Slate Park Ave.	Nationwide		0	8	0
City	State	Zip Code	6	0	9
Reynoldsburg	O H	43068	Amount		
			20.00		
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor			Registration Number, if PAC		
Tyrone Alexander					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1790 Mountain Oak Road	Ohio State University		0	8	0
City	State	Zip Code	6	0	9
Columbus	O H	43219	Amount		
			25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Donna Moore					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2274 New Village Road	Ohio Secretary of State		0	8	0
City	State	Zip Code	6	0	9
Columbus	O H	43232	Amount		
			20.00		
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor			Registration Number, if PAC		
Lisa Keyes					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1564 Deporres Drive	Keyes @ Style		0	8	0
City	State	Zip Code	6	0	9
Columbus	O H	43219	Amount		
			100.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Trackey Colson					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
406 Meacham Run Court	Columbus City Schools		0	8	0
City	State	Zip Code	6	0	9
Westerville	O H	43081	Amount		
			25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Lark Mallory					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8108 Slate Ridge Blvd.	Chester, Wilcox, & Saxbe		0	8	0
City	State	Zip Code	6	0	9
Reynoldsburg	O H	43068	Amount		
			30.00		
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 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

Total expenditures this event

Page Total \$ 270.00