

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full <b>GIBBS FOR KIDS COMMITTEE</b>													
Full Name of Contributor <b>WENDY K WILSON</b>						Registration Number, if PAC							
Street Address <b>4507 BLUE LARGO</b>			Employer/Occupation/Labor Organization* <b>IMPACT</b>			Form (Cash, Check, etc.) <b>CHECK 723</b>							
City <b>GAHANNA</b>		State <b>OH</b>		Zip Code <b>43230</b>		M <b>0</b>		D <b>5</b>		Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>OAPSE AFSCME TURNAROUND</b>						Registration Number, if PAC <b>LA1269</b>							
Street Address <b>6805 OAK CREEK DRIVE</b>			Employer/Occupation/Labor Organization* <b>OHIO PAC</b>			Form (Cash, Check, etc.) <b>CHECK 4141</b>							
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43229</b>		M <b>0</b>		D <b>6</b>		Y <b>1</b>		Amount <b>\$2,500.00</b>	
Full Name of Contributor <b>OAPSE AFSCME TURNAROUND</b>						Registration Number, if PAC <b>LA1269</b>							
Street Address <b>6805 OAK CREEK DRIVE</b>			Employer/Occupation/Labor Organization* <b>OHIO PAC</b>			Form (Cash, Check, etc.) <b>CHECK 4159</b>							
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43229</b>		M <b>0</b>		D <b>9</b>		Y <b>0</b>		Amount <b>\$5,000.00</b>	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State <b>OH</b>		Zip Code		M		D		Y		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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$7,550.00**