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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Gibbs 4 Kids Committee</b>						Registration Number, if PAC			
Full Name of Candidate <b>Weirdella L. Gibbs</b>									
Street Address <b>334 Benedetti Avenue</b>					Office Sought <b>School Board</b>		District <b>Columbus</b>		
City <b>Columbus</b>						State <b>O H</b>	Zip Code <b>43213</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		Semiannual
Monthly		Monthly		Monthly		Monthly		Monthly	Monthly
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election			
						M	D	Y	
						1	1	0	6 0 7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	6,547.78
2. Total monetary contributions (From Form No. 31-A)	\$	3,491.13
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	10,038.91
5. Total monetary expenditures (From Form No. 31-B)	\$	7,803.57
6. Balance on hand (line 4 minus line 5)	\$	2,235.34
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	2,692.78
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Sye Cunningham TREASURER Sye Cunningham 12/13/07  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution  
pages 5

Expenditure  
pages 4

Other  
pages 1

Total  
pages 10

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>							
Full Name of Contributor <b>Jerry Saunders</b>					Registration Number, if PAC		
Street Address <b>2788 Floribunda Drive</b>		Employer/Occupation/Labor Organization* <b>Executive Director</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>1   4</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Parkview HNC</b>					Registration Number, if PAC		
Street Address <b>46 N. Parkview Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Plumbers &amp; Pipefitters LU 189</b>					Registration Number, if PAC <b>#6220</b>		
Street Address <b>1250 Kinnear Road</b>		Employer/Occupation/Labor Organization* <b>Labor Union</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>1   0</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Sandra Ragland</b>					Registration Number, if PAC		
Street Address <b>3631 Florian Drive</b>		Employer/Occupation/Labor Organization* <b>OSU</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>1   0</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions From Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>1   0</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>John Gore</b>					Registration Number, if PAC		
Street Address <b>183 Farmwood Place</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Lisa M. Chambers</b>					Registration Number, if PAC		
Street Address <b>927 Wilson Avenue</b>		Employer/Occupation/Labor Organization* <b>Tech Corp</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Contributions From Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   7</b>	Amount <b>283.00</b>	

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>							
Full Name of Contributor <b>Nationwide Better Citizenship</b>					Registration Number, if PAC <b>OH259</b>		
Street Address <b>One Nationwide Plaza</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Committee for Joyce Beatty</b>					Registration Number, if PAC <b></b>		
Street Address <b>233 S High St. Suite 300</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>0   7</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Shandell Jamal</b>					Registration Number, if PAC <b></b>		
Street Address <b>2178 Sunshine Place</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43232</b>	M <b>1   0</b>	D <b>2   5</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Shanda Harris</b>					Registration Number, if PAC <b></b>		
Street Address <b>2775 Preston Club</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43219</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Click &amp; Pledge</b>					Registration Number, if PAC <b></b>		
Street Address <b>2200 Kraft Drive Suite 175</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Blacksburg</b>		State <b>V   A</b>	Zip Code <b>24060</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   7</b>	Amount <b>97.51</b>
Full Name of Contributor <b>John Parm</b>					Registration Number, if PAC <b></b>		
Street Address <b>6910 Cunningham Drive</b>			Employer/Occupation/Labor Organization* <b>CPA</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Albany</b>		State <b>O   H</b>	Zip Code <b>43054</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>0   7</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Stephanie Barnett</b>					Registration Number, if PAC <b></b>		
Street Address <b>1325 Haddon Road</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Demetries Walker</b>					Registration Number, if PAC <b></b>		
Street Address <b>345 Farm Creek Drive</b>			Employer/Occupation/Labor Organization* <b>Self-employed</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>200.00</b>

\* 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)]

Page Total \$ 1,422.51

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>							
Full Name of Contributor <b>Darnita Bradley</b>					Registration Number, if PAC		
Street Address <b>1643 Minturn Drive</b>		Employer/Occupation/Labor Organization* <b>Columbia Gas</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Click &amp; Pledge</b>					Registration Number, if PAC		
Street Address <b>2200 Kraft Drive Suite 175</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Blacksburg</b>	State <b>V   A</b>	Zip Code <b>24060</b>	M <b>1   1</b>	D <b>1   5</b>	Y <b>0   7</b>	Amount <b>235.62</b>	
Full Name of Contributor <b>Mark K Milligan</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 12307</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>1   0</b>	D <b>2   1</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Philip Dickerson</b>					Registration Number, if PAC		
Street Address <b>1238 Augmont Avenue</b>		Employer/Occupation/Labor Organization* <b>Official</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43207</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	Zip Code	M	D	Y	Amount	

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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>					
Full Name of Contributor <b>Samuel Gresham Jr</b>			Registration Number, if PAC		
Street Address <b>2491 Waterfall Ln</b>		Employer/Occupation/Labor Organization* <b>Executive</b>		M   D   Y <b>1   0   1   7   0   7</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Lisa M. Chambers</b>			Registration Number, if PAC		
Street Address <b>927 Wilson Ave</b>		Employer/Occupation/Labor Organization* <b>Tech Corp</b>		M   D   Y <b>1   0   1   8   0   7</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Friends for Ginther</b>			Registration Number, if PAC		
Street Address <b>405 E. Town Street</b>		Employer/Occupation/Labor Organization* <b>City Council</b>		M   D   Y <b>1   0   1   8   0   7</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

\* 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

**\$400.00**

Total expenditures this event.

**\$243.39**

Page Total \$ **\$400.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>						Registration Number, if PAC											
Full Name of Contributor <b>Charleta Tavares</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount								
Street Address <b>1237 Medford Road</b>		City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>0</td><td>2</td><td>9</td><td>0</td><td>7</td> </tr> </table>		1	0	2	9	0	7	<b>\$150.00</b>	
1	0	2	9	0	7												
Form (Cash, Check, etc.) <b>Check</b>																	
Full Name of Contributor <b>Agnes Patrick Jennings</b>						Registration Number, if PAC											
Full Name of Contributor <b>Agnes Patrick Jennings</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount								
Street Address <b>1325 Sunbury Road</b>		City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43219</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>0</td><td>3</td><td>1</td><td>0</td><td>7</td> </tr> </table>		1	0	3	1	0	7	<b>\$25.00</b>	
1	0	3	1	0	7												
Form (Cash, Check, etc.) <b>Money Order</b>																	
Full Name of Contributor <b>Kimberly Brant</b>						Registration Number, if PAC											
Full Name of Contributor <b>Kimberly Brant</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount								
Street Address <b>2457 Brookwood Road</b>		City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>1</td><td>0</td><td>1</td><td>0</td><td>7</td> </tr> </table>		1	1	0	1	0	7	<b>\$40.00</b>	
1	1	0	1	0	7												
Form (Cash, Check, etc.) <b>Cash</b>																	
Full Name of Contributor <b>Contributor of \$25 or less</b>						Registration Number, if PAC											
Full Name of Contributor <b>Contributor of \$25 or less</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount								
Street Address		City <b>Columbus</b>		State <b>OH</b>		Zip Code		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>1</td><td>0</td><td>1</td><td>0</td><td>7</td> </tr> </table>		1	1	0	1	0	7	<b>\$68.00</b>	
1	1	0	1	0	7												
Form (Cash, Check, etc.) <b>Cash</b>																	
Full Name of Contributor						Registration Number, if PAC											
Street Address				City <b>OH</b>		State		Zip Code									
Form (Cash, Check, etc.)																	
Full Name of Contributor						Registration Number, if PAC											
Street Address				City <b>OH</b>		State		Zip Code									
Form (Cash, Check, etc.)																	
Full Name of Contributor						Registration Number, if PAC											
Street Address				City <b>OH</b>		State		Zip Code									
Form (Cash, Check, etc.)																	

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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

<b>\$283.00</b>
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Total expenditures this event.

<b>\$50.00</b>
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<b>Page Total \$ 283.00</b>
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Gibbs 4 Kids Committee												
To Whom Paid						M	D	Y	Amount			
The Ohio Democratic Party						1	0	2	9	0	7	1,802.64
Address				Purpose								
340 E. Fulton Street				Campaign Marketing								
City		State		Zip Code		Check Number						
Columbus		O   H		43215		9999						
To Whom Paid						M	D	Y	Amount			
Columbus Metropolitan Club						1	0	2	4	0	7	180.00
Address				Purpose								
100 E. Broad Street				Candidate Luncheon								
City		State		Zip Code		Check Number						
Columbus		O   H		43215		104						
To Whom Paid						M	D	Y	Amount			
Radio One						1	0	2	9	0	7	1,000.00
Address				Purpose								
350 E. First Avenue Suite 100				Radio Advertising								
City		State		Zip Code		Check Number						
Columbus		O   H		43201		105						
To Whom Paid						M	D	Y	Amount			
Radio One						1	0	2	9	0	7	1,000.00
Address				Purpose								
350 E. First Avenue Suite 100				Radio Advertising								
City		State		Zip Code		Check Number						
Columbus		O   H		43201		106						
To Whom Paid						M	D	Y	Amount			
The Ohio Democratic Party						1	0	3	1	0	7	88.00
Address				Purpose								
340 E. Fulton Street				Space Rental								
City		State		Zip Code		Check Number						
Columbus		O   H		43215		107						
To Whom Paid						M	D	Y	Amount			
Kroger						1	1	0	6	0	7	78.48
Address				Purpose								
#569 SL9				Catering								
City		State		Zip Code		Check Number						
Columbus		O   H				Debit Card						
To Whom Paid						M	D	Y	Amount			
Yahoo.com						1	1	0	7	0	7	11.95
Address				Purpose								
				Website Maintenance								
City		State		Zip Code		Check Number						
		O   H				Debit Card						
To Whom Paid						M	D	Y	Amount			
Westin Hotel						1	1	0	6	0	7	280.61
Address				Purpose								
				Campaign Room								
City		State		Zip Code		Check Number						
Columbus		O   H		43215		Debit Card						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>												
To Whom Paid <b>PC Signs.com</b>						M	D	Y	Amount			
						1	0	2	2	0	7	1,869.31
Address				Purpose <b>Yard Signs</b>								
City <b>Cincinnati</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number <b>Debit Card</b>						
To Whom Paid <b>Expenditures From Form 31-F</b>						M	D	Y	Amount			
						1	0	1	7	0	7	50.00
Address				Purpose								
City		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>Expenditures From Form 31-F</b>						M	D	Y	Amount			
						1	1	0	1	0	7	243.39
Address				Purpose								
City		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>RAMA Consulting Group, Inc (outstanding)</b>						M	D	Y	Amount			
						1	2	0	3	0	7	1,169.19
Address <b>209 S High Street Suite 208</b>				Purpose <b>Campaign Management and Supplies</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>109</b>						
To Whom Paid <b>Egyptian Eye (outstanding)</b>						M	D	Y	Amount			
						1	2	0	3	0	7	30.00
Address <b>6467 Dorset Lane</b>				Purpose <b>Return Contribution</b>								
City <b>Solon</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44139</b>		Check Number <b>110</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>								
To Whom Paid <b>Jesse Jackson</b>					M	D	Y	Amount
					1	1	0	50.00
Address				Purpose <b>Disc Jockey</b>				
City <b>Columbus</b>		State <b>O</b>	H	Zip Code	Check Number <b>108</b>			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>											
To Whom Paid <b>RAMA Consulting Group LLC (outstanding)</b>					M	D	Y	Amount			
					1	2	0	3	0	7	243.39
Address <b>209 S High Street Suite 208</b>				Purpose <b>Catering</b>							
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>		Check Number <b>109</b>					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State	H	Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gibbs 4 Kids Committee</b>			
Full Name of Contributor <b>Franklin County Democratic Party</b>		Employer, Occupation, Labor Organization *	
Street Address <b>271 E. State St.</b>		Description of Item or Service <b>Newspaper Ad</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]