

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

07 OCT 25 PM 1:43

Full Name of Committee Gibbs 4 Kids Committee						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS						
Full Name of Candidate Weirdella L. Gibbs												
Street Address 334 Benedetti Avenue						Office Sought School Board			District Columbus			
City Columbus						State OH		Zip Code 43213				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election	1 ^M	1	0 ^D	6	0 ^Y	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 for 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	\$	\$798.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$8,433.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,231.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,683.22
6. Balance on hand (line 4 minus line 5)	\$	\$6,547.78
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$894.05
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 L. Cunningham Treasurer


Signature

10/25/07

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 13

Expenditure pages 3

Other pages 1

Total pages 17

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee					
Full Name of Contributor Erika Clark Jones				Registration Number, if PAC	
Street Address 63 S. Harding Road		Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 2 6 0 7
				Amount \$75.00	
Full Name of Contributor Keena Smith				Registration Number, if PAC	
Street Address 1638 Mintum Drive		Employer/Occupation/Labor Organization* 		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 2 8 0 7
				Amount \$50.00	
Full Name of Contributor Ohio Ethic Commission				Registration Number, if PAC	
Street Address 8 East Long Street 10th Floor		Employer/Occupation/Labor Organization* 		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 0 7 0 7
				Amount \$250.00	
Full Name of Contributor Jayne Moore				Registration Number, if PAC	
Street Address 1632 Bryden Road		Employer/Occupation/Labor Organization* Ohio Senate		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 2 8 0 7
				Amount \$60.00	
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 206 Beck Street		Employer/Occupation/Labor Organization* SBC		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 0	D 7	Y 0 6 0 7
				Amount \$100.00	
Full Name of Contributor Natalie M. James				Registration Number, if PAC	
Street Address 5706 Blendon Brook Lane		Employer/Occupation/Labor Organization* CPS		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 1 8 0 7
				Amount \$20.00	
Full Name of Contributor John Jackson				Registration Number, if PAC	
Street Address 51 Liberty Ridge Avenue		Employer/Occupation/Labor Organization* Nationwide		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 8	Y 0 1 0 7
				Amount \$100.00	
Full Name of Contributor Heidi Yoakum				Registration Number, if PAC	
Street Address 779 E. Brighton Road		Employer/Occupation/Labor Organization* Ed. Council		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	M 0	D 7	Y 2 3 0 7
				Amount \$100.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee						
Full Name of Contributor Janet George					Registration Number, if PAC	
Street Address 1254 Lane on the Lakes, Apt A			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235	M 0	D 7	Y 2 5 0 7
Amount \$50.00						
Full Name of Contributor Michael Harden					Registration Number, if PAC	
Street Address 1517 Menlo Place			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Money Order	
City Columbus		State OH	Zip Code 43203	M 0	D 7	Y 2 8 0 7
Amount \$50.00						
Full Name of Contributor Yakima Nelson					Registration Number, if PAC	
Street Address 2447 Waterfall Lane			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 0	D 7	Y 3 0 0 7
Amount \$50.00						
Full Name of Contributor Oyauma Garrison					Registration Number, if PAC	
Street Address 8033 Slate Park Avenue			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 7	Y 2 3 0 7
Amount \$50.00						
Full Name of Contributor Kevin Boyce					Registration Number, if PAC	
Street Address 250 West Street Suite 700			Employer/Occupation/Labor Organization* City Council		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 0 8 0 7
Amount \$500.00						
Full Name of Contributor OAPSE AFSCME Turnaround Ohio					Registration Number, if PAC PAC LA 1269	
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization* Labor Union		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43229	M 0	D 9	Y 1 3 0 7
Amount \$2,000.00						
Full Name of Contributor Alonzo S. Williams					Registration Number, if PAC	
Street Address 7965 North High Street Suite 150			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43235	M 0	D 9	Y 1 5 0 7
Amount \$8.00						
Full Name of Contributor Sye Cunningham					Registration Number, if PAC	
Street Address 334 Benedetti Avenue			Employer/Occupation/Labor Organization* Parms & Co LLC		Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43213	M 1	D 0	Y 1 0 0 7
Amount \$50.00						

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee						
Full Name of Contributor James Ragland					Registration Number, if PAC	
Street Address 3784 Conway Drive			Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43227	M 1	D 0	Y 07
Amount \$100.00						
Full Name of Contributor Columbus Franklin County AFL CIO PCE					Registration Number, if PAC	
Street Address 1545 Alum Creek Drive 2nd Floor			Employer/Occupation/Labor Organization* Labor Union		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 07
Amount \$200.00						
Full Name of Contributor Ohio AFL-CIO					Registration Number, if PAC	
Street Address 395 East Broad Street Suite 300			Employer/Occupation/Labor Organization* Labor Union		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 07
Amount \$250.00						
Full Name of Contributor Steven Farrell					Registration Number, if PAC	
Street Address 848 S Third Street			Employer/Occupation/Labor Organization* Consultant/Farrell & Assoc.		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 1	D 0	Y 07
Amount \$200.00						
Full Name of Contributor Melinda Carter					Registration Number, if PAC	
Street Address 1879 Northcliff Drive			Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43229	M 0	D 9	Y 07
Amount \$100.00						
Full Name of Contributor Terri Street					Registration Number, if PAC	
Street Address 187 N. Garfield Avenue			Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43203	M 1	D 0	Y 07
Amount \$200.00						
Full Name of Contributor Seneca Bing					Registration Number, if PAC	
Street Address 3372 Crossing Hill Way			Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43219	M 1	D 0	Y 07
Amount \$40.00						
Full Name of Contributor Seneca Bing					Registration Number, if PAC	
Street Address 3372 Crossing Hill Way			Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43219	M 0	D 7	Y 07
Amount \$20.00						

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee						
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 7	Y 1 2 0 7	Amount \$1,155.00
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 7	Y 1 3 0 7	Amount \$650.00
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 7	Y 2 1 0 7	Amount \$950.00
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1	D 0	Y 1 1 0 7	Amount \$955.00
Full Name of Contributor Deena Chisolm					Registration Number, if PAC	
Street Address 3173 Cannock Lane			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 0 1 0 7	Amount \$25.00
Full Name of Contributor Lisa Robinson					Registration Number, if PAC	
Street Address 1079 Oxfordshire Drive			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 0	D 9	Y 0 1 0 7	Amount \$25.00
Full Name of Contributor Linda Stallworth					Registration Number, if PAC	
Street Address 1187 E. Long Street			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43203	M 0	D 9	Y 1 7 0 7	Amount \$25.00
Full Name of Contributor Wanda Dillard					Registration Number, if PAC	
Street Address 1089 Wildwood Ave			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 0 1 0 7	Amount \$25.00

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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			
Gibbs 4 Kids Committee			
Full Name of Contributor		Registration Number, if PAC	
Tamara Staley			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5597 Buxley Drive	TAP Pharmaceuticals	0 7 12 07	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	Check
Full Name of Contributor		Registration Number, if PAC	
Robert Porter			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3439 Rosburg Drive	City of Columbus	0 7 12 07	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43228	Cash
Full Name of Contributor		Registration Number, if PAC	
Maria Miles			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2230 Trent Road	Worthington Industries	0 7 12 07	\$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH		Cash
Full Name of Contributor		Registration Number, if PAC	
Mariane White			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5172 Solgrove Drive	Consultant	0 7 12 07	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH		Cash
Full Name of Contributor		Registration Number, if PAC	
Andre Lampkins			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
188 Rugby Lane	Columbus Urban League	0 7 12 07	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor		Registration Number, if PAC	
Major Foley			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2673 Rinald Drive	Abbott Labs	0 7 12 07	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	Cash
Full Name of Contributor		Registration Number, if PAC	
Natalie M. James			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5706 Blendon Brook Lane	CPS	0 7 12 07	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check

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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

\$1,155.00

Total expenditures this event.

\$75.00

Page Total \$ 280.00

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 Acoyia Jones-Grove		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5458 Sumac Loop East		OSU		0	7	1207	\$50.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary L. Baker				Registration Number, if PAC			
Full Name of Contributor Gary L. Baker		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2142 Staghorn Way		Huntington Bank		0	7	1207	\$50.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Davis				Registration Number, if PAC			
Full Name of Contributor Michael Davis		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 106 Stockard Loop		Chase Bank		0	7	1207	\$40.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dawn Tyler Lee				Registration Number, if PAC			
Full Name of Contributor Dawn Tyler Lee		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2574 Dover Road		OSU		0	7	1207	\$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lisa M. Chambers				Registration Number, if PAC			
Full Name of Contributor Lisa M. Chambers		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 927 Wilson Avenue		Tech Corp		0	7	1207	\$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert E. Lee				Registration Number, if PAC			
Full Name of Contributor Robert E. Lee		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2574 Dover Road		Capital Club		0	7	1207	\$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC			
Full Name of Contributor Contributors of \$25 or less		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address				0	7	1207	\$535.00
City		State OH	Zip Code	Form (Cash, Check, etc.) Check & Cash			

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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

\$1,155.00

Total expenditures this event.

\$75.00

Page Total \$ **\$875.00**

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 Hanifah Kambon				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 63 N. Ohio Avenue		Retired		0 7 1 3 0 7		\$500.00	
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anitra Germany						Registration Number, if PAC	
Street Address 1338 Hanson Street				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 7 1 3 0 7		\$50.00	
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor April Watkins						Registration Number, if PAC	
Street Address Bolford Street				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 7 1 3 0 7		\$40.00	
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Contributor of \$25 or less						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 7 1 3 0 7		\$60.00	
City		State OH	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 OH	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 OH	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 OH	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

\$650.00

Total expenditures this event.

\$0.00

Page Total \$ **\$650.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Gibbs 4 Kids Committee							
Full Name of Contributor Tracy M. Heard				Registration Number, if PAC			
Street Address 1186 Geers Avenue		Employer/Occupation/Labor Organization* State of Ohio		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jayme Moore				Registration Number, if PAC			
Street Address 1632 Bryden Road		Employer/Occupation/Labor Organization* Ohio Senate		M	D	Y	Amount
				0	7	2107	\$100.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check			
Full Name of Contributor Russell Goodwin				Registration Number, if PAC			
Street Address 103 E. First Avenue		Employer/Occupation/Labor Organization* Butler AHS		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Guadalupe A. Velasquez				Registration Number, if PAC			
Street Address 1740 Canvashack Lane		Employer/Occupation/Labor Organization* City of Columbus		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Melinda Carter				Registration Number, if PAC			
Street Address 1879 Northcliff Drive		Employer/Occupation/Labor Organization* City of Columbus		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check			
Full Name of Contributor Janelle Simmons				Registration Number, if PAC			
Street Address 2686 Bloom Drive		Employer/Occupation/Labor Organization* Limited Brands		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jean Harvey				Registration Number, if PAC			
Street Address 34 W. Starr Avenue		Employer/Occupation/Labor Organization* Victoria Secret		M	D	Y	Amount
				0	7	2107	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			

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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

\$950.00

Total expenditures this event.

\$0.00

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 Gibbs 4 Kids Committee						Registration Number, if PAC	
Full Name of Contributor Angela Anderson						Registration Number, if PAC	
Street Address 4939 Village Meadows Drive		Employer/Occupation/Labor Organization* Nationwide		M	D	Y	Amount
City Westerville		State OH	Zip Code 43081	0	7	21	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Laurel Beatty						Registration Number, if PAC	
Street Address 268 E. Gates		Employer/Occupation/Labor Organization* Secretary of State		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	7	21	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Antoinette Teague						Registration Number, if PAC	
Street Address 4824 Gilhem Court		Employer/Occupation/Labor Organization* Phoenix Consulting		M	D	Y	Amount
City Columbus		State OH	Zip Code 43228	0	7	21	\$50.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Kimberly Spears-McNatt						Registration Number, if PAC	
Street Address 1704 Convair Drive		Employer/Occupation/Labor Organization* OSU		M	D	Y	Amount
City Galloway		State OH	Zip Code 43119	0	7	21	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Paul Haggard						Registration Number, if PAC	
Street Address 5498 Satinwood Drive		Employer/Occupation/Labor Organization* Cols Housing Partners		M	D	Y	Amount
City Columbus		State OH	Zip Code 43229	0	7	21	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Karen Coleman						Registration Number, if PAC	
Street Address 4675 Belfast Drive		Employer/Occupation/Labor Organization* Synergi Salon		M	D	Y	Amount
City Columbus		State OH	Zip Code 43227	0	7	21	\$50.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Tressa Brinkley						Registration Number, if PAC	
Street Address 5937 Effingham Road		Employer/Occupation/Labor Organization* Franklin County Sheriff		M	D	Y	Amount
City Columbus		State OH	Zip Code 43213	0	7	21	\$20.00
Form (Cash, Check, etc.) Check							

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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

\$950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$520.00**

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					
Full Name of Contributor Carla Williams-Scott				Registration Number, if PAC	
Street Address 462 Beaverbrook Drive		Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 7 2 1 0 7	Amount \$30.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			

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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
\$950.00

Total expenditures this event
\$0.00

Page Total \$ **\$30.00**

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							
Full Name of Contributor				Registration Number, if PAC			
Veda Nami							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7271 Laudon Lane		Retired		1	0	1	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
New Albany		OH	43054	Cash			
Full Name of Contributor				Registration Number, if PAC			
Kelly S Kaser							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
65 Jefferson Avenue				1	0	1	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Cash			
Full Name of Contributor				Registration Number, if PAC			
Clarence Simmons							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
185 S. Fifth Street		Housing Trust		1	0	1	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Cash			
Full Name of Contributor				Registration Number, if PAC			
Michael Spencer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
939 Roberson Street		Kegler Brown		1	0	1	\$40.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43201	Cash			
Full Name of Contributor				Registration Number, if PAC			
Egyptian Eye							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6467 Dorset Lane				1	0	1	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Solon		OH	44139	Check			
Full Name of Contributor				Registration Number, if PAC			
Angel Harris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7895 Grandlin Park Court				1	0	1	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Blacklick		OH	43004	Check			
Full Name of Contributor				Registration Number, if PAC			
Laurel Beatty							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
268 E. Gates Street		Secretary of State		1	0	1	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	Check			

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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

\$955.00

Total expenditures this event.

\$0.00

Page Total \$ 310.00

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 49 High Meadow Drive		Nationwide		M	D	Y
City Gahanna		State OH	Zip Code 43230	1	0	1107
			Form (Cash, Check, etc.) Check		\$50.00	
Full Name of Contributor Jerry Allen					Registration Number, if PAC	
Street Address 3751 Prestwoud Close			Employer/Occupation/Labor Organization*		Amount	
City New Albany		State OH	Zip Code 43054	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$50.00	
Full Name of Contributor Cinnamon Pelly					Registration Number, if PAC	
Street Address 5140 North High Street #111			Employer/Occupation/Labor Organization*		Amount	
City Columbus		State OH	Zip Code 43214	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$35.00	
Full Name of Contributor Janet Jackson					Registration Number, if PAC	
Street Address 2865 Castlewood Road			Employer/Occupation/Labor Organization*		Amount	
City Columbus		State OH	Zip Code 43209	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$100.00	
Full Name of Contributor Edwin Hogan					Registration Number, if PAC	
Street Address 2727 Mitzi Drive			Employer/Occupation/Labor Organization*		Amount	
City Columbus		State OH	Zip Code 43209	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$50.00	
Full Name of Contributor Eric Carmichael					Registration Number, if PAC	
Street Address 1299 Brookwood Place			Employer/Occupation/Labor Organization*		Amount	
City Columbus		State OH	Zip Code 43209	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$50.00	
Full Name of Contributor Trudy Bartley					Registration Number, if PAC	
Street Address 7517 Ogden Woods Blvd			Employer/Occupation/Labor Organization*		Amount	
City New Albany		State OH	Zip Code 43054	M	D	Y
				1	0	1107
			Form (Cash, Check, etc.) Check		\$50.00	

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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

\$955.00

Total expenditures this event.

\$0.00

Page Total \$ **\$385.00**

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					
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 0 1 1 0 7	\$260.00
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH		Cash & Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			

* 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

Total expenditures this event.

\$955.00

\$0.00

Page Total \$ **\$260.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Gibbs 4 Kids Committee								
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount	
				0	7	12	07	\$75.00
Address		Purpose						
City	State	Zip Code	Check Number					
	OH		9999					
To Whom Paid Key Bank				M	D	Y	Amount	
				0	7	25	07	\$32.64
Address		Purpose						
		Checks						
City	State	Zip Code	Check Number					
Columbus	OH		Debit					
To Whom Paid Donald McTigue				M	D	Y	Amount	
				0	7	15	07	\$233.00
Address		Purpose						
550 East Walnut Street		Legal Fees						
City	State	Zip Code	Check Number					
Columbus	OH	43215	9999					
To Whom Paid Donald McTigue				M	D	Y	Amount	
				0	9	15	07	\$466.00
Address		Purpose						
550 East Walnut Street		Legal Fees						
City	State	Zip Code	Check Number					
Columbus	OH	43215	131					
To Whom Paid HotCard.com				M	D	Y	Amount	
				0	9	28	07	\$148.29
Address		Purpose						
		Marketing						
City	State	Zip Code	Check Number					
Cleveland	OH		Debit					
To Whom Paid Fedex Kinko's				M	D	Y	Amount	
				1	0	09	07	\$105.69
Address		Purpose						
		Marketing						
City	State	Zip Code	Check Number					
Columbus	OH		Debit					
To Whom Paid Asante Design.com				M	D	Y	Amount	
				1	0	09	07	\$300.00
Address		Purpose						
1039 Mueller Drive		Web Design						
City	State	Zip Code	Check Number					
Reynoldsburg	OH	43068	102					
To Whom Paid Clear Channel				M	D	Y	Amount	
				0	9	28	07	\$1,000.00
Address		Purpose						
770 Harrison Drive		Marketing						
City	State	Zip Code	Check Number					
Columbus	OH	43204	101					

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			
Key Bank							0	7	2	4	0	7	\$25.00
Address				Purpose									
				Return Check									
City			State	Zip Code		Check Number							
Columbus			OH			Debit							
To Whom Paid							M	D	Y	Amount			
Donald J McTigue (Outstanding)							1	0	1	5	0	7	\$232.73
Address				Purpose									
550 East Walnut Street				Legal Fees									
City			State	Zip Code		Check Number							
Columbus			OH	43215		103							
To Whom Paid							M	D	Y	Amount			
Key Bank							0	7	3	1	0	7	\$10.00
Address				Purpose									
				Chargeback Fee									
City			State	Zip Code		Check Number							
Columbus			OH			Debit							
To Whom Paid							M	D	Y	Amount			
Yahoo.com							0	8	1	0	0	7	\$8.96
Address				Purpose									
				Website Maintenance									
City			State	Zip Code		Check Number							
			OH			Debit							
To Whom Paid							M	D	Y	Amount			
Yahoo.com							0	9	1	0	0	7	\$8.96
Address				Purpose									
				Website Maintenance									
City			State	Zip Code		Check Number							
			OH			Debit							
To Whom Paid							M	D	Y	Amount			
Click & Pledge							0	9	1	3	0	7	\$25.00
Address				Purpose									
				Online Donation									
City			State	Zip Code		Check Number							
			VA			Debit							
To Whom Paid							M	D	Y	Amount			
Yahoo.com							1	0	0	9	0	7	\$11.95
Address				Purpose									
				Website Maintenance									
City			State	Zip Code		Check Number							
			OH			Debit							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code		Check Number							
			OH										

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Gibbs 4 Kids Committee									
To Whom Paid John Caldwell						M	D	Y	Amount \$75.00
Address		Purpose DJ Fundraiser							
City Columbus		State OH	Zip Code		Check Number 9999				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	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.

\$75.00
Page Total \$ _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gibbs 4 Kids Committee			
Full Name of Contributor Chris Corso		Employer, Occupation, Labor Organization* Club Spice	
Street Address 511 North Park		Description of Item or Service Catering	
City Columbus		State OH	Zip Code 43215
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Dawn Tyler Lee		Employer, Occupation, Labor Organization* F-10 Organization	
Street Address 2574 Dover Road		Description of Item or Service Catering	
City Columbus		State OH	Zip Code 43215
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO	

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