

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 TEACHERS FOR SCHOOLS			Registration Number, if PAC			
Street Address 929 E BROAD ST	Employer/Occupation/Labor Organization* UNION CONTACT PHIL H		M 1	D 0	Y 15	Amount 5000.00
City COLUMBUS	State OH	Zip Code 43205	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MATARYUN D WRIGHT			Registration Number, if PAC			
Street Address 6621 MARISSA ST	Employer/Occupation/Labor Organization* RAMA CONSULTING GRP		M 1	D 0	Y 15	Amount 250.00
City CANAL WINCHESTER	State OH	Zip Code 43110	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor BRYAN STEWARD			Registration Number, if PAC			
Street Address 7690 CALDERDALE ST	Employer/Occupation/Labor Organization* STEWART THOMPSON H		M 1	D 0	Y 15	Amount 150.00
City BLACKLICK	State OH	Zip Code 43004	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ANDRE LAMPKINS			Registration Number, if PAC			
Street Address 964 HARRIER PLACE	Employer/Occupation/Labor Organization* CENTER FOR HEALTHY H		M 1	D 0	Y 15	Amount 100.00
City REYNOLDSBURG	State OH	Zip Code 43068	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor SAMUEL GRESHAM JR			Registration Number, if PAC			
Street Address 2491 WATERFALL LN	Employer/Occupation/Labor Organization* RETIRED		M 1	D 0	Y 15	Amount 100.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor TOUCHSTONE HOSPITALITY			Registration Number, if PAC			
Street Address 750 E LONG ST SUITE 3100	Employer/Occupation/Labor Organization* ROBERT LEE OWNER		M 1	D 0	Y 15	Amount 100.00
City COLUMBUS	State OH	Zip Code 43203	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DORIS CALLOWAY MOORE			Registration Number, if PAC			
Street Address 883 SCHILLINGWOOD DR	Employer/Occupation/Labor Organization* RETIRED		M 1	D 0	Y 15	Amount 100.00
City GAHANNA	State OH	Zip Code 43230	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 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

0.00

Total expenditures this event.

0.00

Page Total \$ 5800.00
