

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 TRACY MAXWELL HERRD				Registration Number, if PAC	
Street Address 87 S HAMPTON RD		Employer/Occupation/Labor Organization* STATE REPRESENTATIVE		M 1	D 0
City COLUMBUS		State OH	Zip Code 43213	Y 1	Amount 150.00
Form (Cash, Check, etc.) 3684					
Full Name of Contributor JOHN GREGORY				Registration Number, if PAC	
Street Address 624 CUIPEPPER DAWE		Employer/Occupation/Labor Organization* NCHS / PRESIDENT		M 1	D 0
City REYNOLDSBURG		State OH	Zip Code 43068	Y 1	Amount 100.00
Form (Cash, Check, etc.) 9100203633					
Full Name of Contributor LOIS M POINDEXTER				Registration Number, if PAC	
Street Address 182 ST CLAIR AVE		Employer/Occupation/Labor Organization* URBAN LEAGUE		M 1	D 0
City COLUMBUS		State OH	Zip Code 43203	Y 1	Amount 15.00
Form (Cash, Check, etc.) 394					
Full Name of Contributor VIVIAN TURNER				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* URBAN LEAGUE		M 1	D 0
City COLUMBUS		State OH	Zip Code 43219	Y 1	Amount 25.00
Form (Cash, Check, etc.) 1149					
Full Name of Contributor ANGELA D. WHEATLEY				Registration Number, if PAC	
Street Address 342-A MAYFAIR BLVD		Employer/Occupation/Labor Organization* FCDSPS		M 1	D 0
City COLUMBUS		State OH	Zip Code 43213	Y 1	Amount 25.00
Form (Cash, Check, etc.) 3560					
Full Name of Contributor ARLENE J LAWRENCE				Registration Number, if PAC	
Street Address 2371 LIVERPOOL CT		Employer/Occupation/Labor Organization* DIEHL - WHITAKER		M 1	D 0
City COLUMBUS		State OH	Zip Code 43203	Y 1	Amount 20.00
Form (Cash, Check, etc.) 1179					
Full Name of Contributor INGRID M. DIEHL				Registration Number, if PAC	
Street Address 8383 LUCERNE DRIVE		Employer/Occupation/Labor Organization* DIEHL - WHITAKER		M 1	D 0
City COLUMBUS		State OH	Zip Code 43068	Y 1	Amount 25.00
Form (Cash, Check, etc.) 2220					

* 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

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Total expenditures this event.

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Page Total \$ **360.00**