

# 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>ALAN HUFF</b>				Registration Number, if PAC	
Street Address <b>1000 ATCHESON ST</b>		Employer/Occupation/Labor Organization* <b>NEIGHBORHOOD HOUSE</b>		M <b>10</b>	D <b>24</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43203</b>	Y <b>11</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CASH</b>					
Full Name of Contributor <b>KIRA MADRE</b>				Registration Number, if PAC	
Street Address <b>2535 BROWNFIELD RD</b>		Employer/Occupation/Labor Organization* <b>DH DEPT OF DEVELOPMENT</b>		M <b>10</b>	D <b>24</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43232</b>	Y <b>11</b>	Amount <b>25.00</b>
Form (Cash, Check, etc.) <b>793</b>					
Full Name of Contributor <b>DARLENE MATTHEWS</b>				Registration Number, if PAC	
Street Address <b>990 E 18TH AVE</b>		Employer/Occupation/Labor Organization* <b>BEAUTY ALL DAY</b>		M <b>10</b>	D <b>24</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43211</b>	Y <b>11</b>	Amount <b>100.00</b>
Form (Cash, Check, etc.) <b>4208</b>					
Full Name of Contributor <b>MICHAEL MCCORD</b>				Registration Number, if PAC	
Street Address <b>811 STRAWBERRY HILL RD</b>		Employer/Occupation/Labor Organization* <b>SELF / ATTORNEY</b>		M <b>10</b>	D <b>24</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43213</b>	Y <b>11</b>	Amount <b>25.00</b>
Form (Cash, Check, etc.) <b>CASH</b>					
Full Name of Contributor <b>ROBERT CHILTON</b>				Registration Number, if PAC	
Street Address <b>1003 CLOVERLY DRIVE</b>		Employer/Occupation/Labor Organization* <b>IMPACT COMMUNITY ACT.</b>		M <b>10</b>	D <b>24</b>
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>	Y <b>11</b>	Amount <b>75.00</b>
Form (Cash, Check, etc.) <b>1371</b>					
Full Name of Contributor <b>JONATH ROSS</b>				Registration Number, if PAC	
Street Address <b>1510 BRYDEN RD</b>		Employer/Occupation/Labor Organization* <b>RAMA CONSULTING GRP.</b>		M <b>10</b>	D <b>24</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43205</b>	Y <b>11</b>	Amount <b>20.00</b>
Form (Cash, Check, etc.) <b>CASH</b>					
Full Name of Contributor <b>BETHANY BROWN</b>				Registration Number, if PAC	
Street Address <b>6685 E BROAD ST</b>		Employer/Occupation/Labor Organization* <b>SAIDN 644</b>		M <b>10</b>	D <b>24</b>
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>	Y <b>11</b>	Amount <b>10.00</b>
Form (Cash, Check, etc.) <b>CASH</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 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

<b>1110</b>	<b>00</b>
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Total expenditures this event.

<b>139</b>	<b>10</b>
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Page Total \$ <b>305.00</b>
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