OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

GIBBS 4 KIDS COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEYBANK	10/31/18	3.00

Street Address	Purpose
186 GRANVILLE ST	BANK SERVICE CHARGE

City	State	Zip Code	Check Number
COLUMBUS	OH	43230	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
HYATT REGENCY	11/07/18	20.00

Street Address	Purpose
350 NORTH HIGH STREET	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
HYATT REGENCY	11/13/18	26.58

Street Address	Purpose
350 NORTH HIGH STREET	MEALS/MEETINGS

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
HYATT REGENCY	11/13/18	20.00

Street Address	Purpose
350 NORTH HIGH STREET	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMG GCCC PARKING	11/13/18	12.00

Street Address	Purpose
	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

Page Total $ 81.58