JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

GIBBS 4 KIDS

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/20/17	6.45

Street Address	Purpose		
	TRAVEL		
City	**State**	**Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
LAGO CLEVELAND	10/23/17	39.96

Street Address	Purpose		
	MEALS		
City	**State**	**Zip Code**	**Check Number**
CLEVELAND	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/23/17	12.05

Street Address	Purpose		
	TRAVEL		
City	**State**	**Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/23/17	6.45

Street Address	Purpose		
	TRAVEL		
City	**State**	**Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/23/17	1.00

Street Address	Purpose		
	TRAVEL		
City	**State**	**Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA		DEBIT

Page Total $ 65.91