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
KEY BANK	04/30/19	5.00

Street Address	Purpose		
	BANK CHARGE		
City	**State**	**Zip Code**	**Check Number**
	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
COLUMBUS LIBRARY	05/02/19	2.60

Street Address	Purpose		
	PRINTING		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
OLD BAG OF NAILS	05/17/19	22.33

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
OLD BAG OF NAILS	05/29/19	26.22

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
BATTIST	05/30/19	37.62

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

Page Total $ 91.77