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 EXP UBLERS	09/29/17	6.80

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
NSBA - HANDHELD	10/02/17	150.00

Street Address	Purpose
	EVENT

City	State	Zip Code	Check Number
ALEXANDRIA	~~OH~~ VA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
ROOSEVELT FOOD	10/02/17	8.31

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
NEW ORLEANS	~~OH~~ LA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SU-A+M COL	10/02/17	26.40

Street Address	Purpose
	SUPPLIES

City	State	Zip Code	Check Number
BATON ROUGE	~~OH~~ LA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
WALDORF ROOSEVELT	10/02/17	231.50

Street Address	Purpose
	TRAVEL - HOTEL

City	State	Zip Code	Check Number
NEW ORLEANS	~~OH~~ LA		DEBIT

Page Total $ 423.01