

## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	***				
GIBBS 4 KIDS COMMITTE	E				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
LUBER			69/24/18	6.07	
Street Address	Purpose	-	7/2-110	6.07	
	TRA	1=			
City	State	_	Code	Check Number	
	он			Dea	
To Whom Paid			Date (MM/DD/YYYY)	DEBIT	
BISCUIT			i '	10 .17	
Street Address	Purpose		09/24/18	19.47	
	ME	٠ لم	S/MEETINGS		
City	State	Zio	Code	Check Number	
NASHVILLE	OH TN				
To Whom Paid	N		Date (MM/DD/YYYY)	I DEBIT	
MARRIOTT				I	
Street Address	Purpose		09/25/18	38.87	
	1		1		
City	State		Code	I Ohan I Maria	
NASHVILLE	1		Coue	Check Number	
To Whom Paid	OH TN	<u> </u>		DEBIT	
UBER			Date (MM/DD/YYYY)	Amount	
Street Address	To		09/25/18	26.02	
	Purpose				
City	TRAV		<u> </u>		
,	State OH	ZIP	Code	Check Number	
To Whom Paid	On			DEBIT	
			Date (MM/DD/YYYY)	Amount	
UBER			09 25/18	3.00	
Street Address	Purpose		•		
Ob	TRAVEL				
City	State	Zip (	Code	Check Number	
	ОН	<u> </u>		DEBIT	

Page Total \$ 93,43	
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