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	11/01/17	8.45
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	11/01/17	3.00
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
GARFIELD'S	11/23/17	34.06
Street Address	**Purpose**	
	MEALS	
City	**State** / **Zip Code**	**Check Number**
WASHINGTON	~~OH~~ PA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
MARATHON ZONE	11/06/17	12.00
Street Address	**Purpose**	
	Supplies	
City	**State** / **Zip Code**	**Check Number**
WILBERFORCE	OH	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	11/13/17	24.49
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
SAN FRANCISCO	~~OH~~ CA	DEBIT

Page Total $ 82.00