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
FOOD HALL	02/08/18	6.05

Street Address	Purpose
	MEALS / MEETINGS

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/12/18	6.60

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/12/18	8.12

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
ROOSTERS	02/21/18	19.65

Street Address	Purpose
	MEALS / MEETINGS

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/28/18	26.31

Street Address	Purpose
	TRAVEL

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

Page Total $ 66.73