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
OLD BAG OF NAILS	08/09/18	50.53

Street Address	Purpose
	MEALS/MEETINGS

City	State	Zip Code	Check Number
Columbus	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
ROOSTERS	08/24/18	37.56

Street Address	Purpose
	MEALS/MEETINGS

City	State	Zip Code	Check Number
Columbus	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEYBANK	08/31/18	3.00

Street Address	Purpose
186 GRANVILLE ST	BANK SERVICE CHARGE

City	State	Zip Code	Check Number
Columbus	OH	43230	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
PAYPAL G2Z CHAPTER GAIA	09/14/18	75.00

Street Address	Purpose
	ADVERTISING/MARKETING

City	State	Zip Code	Check Number
Columbus	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
OLD BAG OF NAILS	09/24/18	23.33

Street Address	Purpose
	MEALS/MEETINGS

City	State	Zip Code	Check Number
Columbus	OH		DEBIT

Page Total $ 189.42