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
MARRIOTT	09/26/18	16.20

Street Address	Purpose		
	TRAVEL		
City	**State**	**Zip Code**	**Check Number**
NASHVILLE	~~OH~~ TN		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
* ROCK BOTTOM	09/26/18	24.40

Street Address	Purpose		
	MEALS/ MEETINGS		
City	**State**	**Zip Code**	**Check Number**
NASHVILLE	~~OH~~ TN		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
FRESH ATTRACTION	09/27/18	6.31

Street Address	Purpose		
	MEALS / MEETINGS		
City	**State**	**Zip Code**	**Check Number**
NASHVILLE	~~OH~~ TN		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
CMH PARKING (AIRPORT)	09/27/18	90.00

Street Address	Purpose		
	PARKING		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
* ROCK BOTTOM	09/27/18	+ .97

Street Address	Purpose		
	MEALS/MEETINGS		
City	**State**	**Zip Code**	**Check Number**
NASHVILLE	~~OH~~ TN		DEBIT

Page Total $ 135.94