



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GIBBY KIDS				
To Whom Paid POS LXA UBERUS		Date (MM/DD/YYYY) 09/27/17		Amount 34.15
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid POS EXA UBERUS		Date (MM/DD/YYYY) 09/27/17		Amount 7.00
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH OH	Zip Code	Check Number DEBIT	
To Whom Paid POS EXA UBERUS		Date (MM/DD/YYYY) 09/27/17		Amount 3.00
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid COLUMBUS INTERNATIONAL		Date (MM/DD/YYYY) 09/28/17		Amount 5.58
Street Address		Purpose SUPPLIES		
City Columbus	State OH	Zip Code	Check Number DEBIT	
To Whom Paid STARBUCKS		Date (MM/DD/YYYY) 09/28/17		Amount 2.39
Street Address		Purpose MEALS		
City Columbus	State OH	Zip Code	Check Number DEBIT	

Page Total \$ 52.21