

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE												
To Whom Paid MICRO CENTER						M	D	Y	Amount			
						1	1	2	7	1	5	91.36
Address				Purpose PROJECTOR EQUIPMENT								
City COLUMBUS				State OH		Zip Code		Check Number DEBIT				
To Whom Paid SAM'S CLUB						M	D	Y	Amount			
						1	2	0	1	1	5	128.64
Address				Purpose CATERING								
City COLUMBUS				State OH		Zip Code		Check Number DEBIT				
To Whom Paid GFS						M	D	Y	Amount			
						1	2	0	1	1	5	146.07
Address				Purpose CATERING								
City COLUMBUS				State OH		Zip Code		Check Number DEBIT				
To Whom Paid ML KING CENTER						M	D	Y	Amount			
						1	2	0	3	1	5	250.00
Address				Purpose ROOM RENTAL								
City COLUMBUS				State OH		Zip Code		Check Number DEBIT				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State OH		Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

616.07
Page Total \$