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
ASDEF	01/09/19	110.00
Street Address	**Purpose**	
	BANQUET	
City	**State** / **Zip Code**	**Check Number**
COLUMBUS	OH	228

To Whom Paid	Date (MM/DD/YYYY)	Amount
COLUMBUS - SECTION NCNW	01/09/19	120.00
Street Address	**Purpose**	
	LUNCHEON	
City	**State** / **Zip Code**	**Check Number**
COLUMBUS	OH	229

To Whom Paid	Date (MM/DD/YYYY)	Amount
SYE CUNNINGHAM	01/11/19	125.00
Street Address	**Purpose**	
334 BENEDETTI AVE	ACCOUNTING	
City	**State** / **Zip Code**	**Check Number**
COLUMBUS	OH 43213	231

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMG GCCC PARKING	01/18/19	5.00
Street Address	**Purpose**	
	PARKING	
City	**State** / **Zip Code**	**Check Number**
COLUMBUS	OH	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
COLUMBUS AIRPORT SHOPS	01/18/19	4.29
Street Address	**Purpose**	
	MEALS	
City	**State** / **Zip Code**	**Check Number**
COLUMBUS	OH	DEBIT

Page Total $ 364.29