JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

GIBBS 4 KIDS

To Whom Paid	Date (MM/DD/YYYY)	Amount
COLUMBUS INTERNATIONAL	09/28/17	21.50

Street Address	Purpose
	SUPPLIES

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
MIDW HOME FOOD	09/28/17	13.37

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
CHICAGO	~~OH~~ IL		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXP UBERUS	09/28/17	8.78

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXP UBERUS	09/29/17	7.00

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXP UBERUS	09/29/17	1.00

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

Page Total $ 51.65