

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 INFINITY GENERAL						M	D	Y	Amount 39.10
Address				Purpose FUNDRAISING / RENTAL LOCATION / CATERING					
City COLUMBUS				State OH	Zip Code		Check Number		
To Whom Paid DARLENE MATTHEW						M	D	Y	Amount 100.00
Address 990 E 18TH AVE				Purpose RETURN CHK					
City COLUMBUS				State OH	Zip Code 43211		Check Number CHK BACK		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	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.