



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GIBBS 4 KIDS				
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 8.46	
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 7.65	
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 1.30	
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 10.15	
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 9.07	
Street Address		Purpose TRAVEL		
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT	

Page Total \$ 36.63