



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GIBBS 4 KIDS			
To Whom Paid BATTALION RESTO		Date (MM/DD/YYYY) 04/09/18	Amount 32.34
Street Address		Purpose MEALS / MEETINGS	
City SAN ANTONIO	State OH TX	Zip Code	Check Number DEBIT
To Whom Paid UBER		Date (MM/DD/YYYY) 04/09/18	Amount 7.84
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 6.30
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 6.86
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 6.30
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT

Page Total \$ 59.64