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
ROB GROUP OF OHIO	07/20/18	6.61

Street Address	Purpose
1350 BROOKCLIFF AVE	MEALS / MEETINGS

City	State	Zip Code	Check Number
COLUMBUS	OH	43219	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEY BANK	07/31/18	3.00

Street Address	Purpose
186 GRANVILLE ST	BANK SERVICE CHARGE

City	State	Zip Code	Check Number
COLUMBUS	OH	43230	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
OHIO ETHICS	08/02/18	30.00

Street Address	Purpose
30 WEST SPRING ST L3	DUES

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMG GCCC PARKING	08/06/18	8.00

Street Address	Purpose
	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMG GCCC PARKING	08/06/18	9.00

Street Address	Purpose
	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	DEBIT

Page Total $ 56.61