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
UBER TRIP	10/19/17	12.50

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER TIP	10/19/17	5.00

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER TRIP	10/19/17	6.45

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/19/17	8.05

Street Address	Purpose
	TRAVEL

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

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/19/17	6.45

Street Address	Purpose
	TRAVEL

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

Page Total $ 38.45