



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 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) 04/10/18	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) 04/10/18	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) 04/10/18	Amount 14.66
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT
To Whom Paid HILTON		Date (MM/DD/YYYY) 04/16/18	Amount 15.00
Street Address		Purpose DARLING	
City COLUMBUS	State OH	Zip Code	Check Number DEBIT

Page Total \$ 48.56