

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE										
To Whom Paid EXPENDITURES FROM FORM 31 F							M	D	Y	Amount
							1	0	2	218.84
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid EXPENDITURES FROM FORM 31 F							M	D	Y	Amount
							1	2	0	616.07
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						