

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS FOR KIDS COMMITTEE							
To Whom Paid HARRY CARRY'S				M	D	Y	Amount
				1	0	0915	9.89
Address		Purpose MEETINGS/MEALS					
City CHICAGO		State IL	Zip Code		Check Number DEBIT		
To Whom Paid BUBBA GUMP				M	D	Y	Amount
				1	0	1315	28.32
Address		Purpose MEETINGS/MEALS					
City LONG BEACH		State CA	Zip Code		Check Number DEBIT		
To Whom Paid RENAISSANCE HOTEL				M	D	Y	Amount
				1	0	1315	248.23
Address		Purpose LODGING					
City LONG BEACH		State CA	Zip Code		Check Number DEBIT		
To Whom Paid YARD HOUSE				M	D	Y	Amount
				1	0	0915	20.55
Address		Purpose MEETINGS/MEALS					
City LONG BEACH		State CA	Zip Code		Check Number DEBIT		
To Whom Paid TUSCANY CAFE				M	D	Y	Amount
				1	0	1315	13.46
Address		Purpose MEETINGS/MEALS					
City CHICAGO		State IL	Zip Code		Check Number DEBIT		
To Whom Paid TUSCANY CAFE (DUPLICATE CHARGE)				M	D	Y	Amount
				1	0	1315	13.46
Address		Purpose MEETINGS/MEALS					
City CHICAGO		State IL	Zip Code		Check Number DEBIT		
To Whom Paid PAYPAL				M	D	Y	Amount
				0	6	1515	6.10
Address		Purpose SERVICE CHARGE					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		

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