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
SMG GCCC	09/23/2019	12.00

Street Address	Purpose		
	PARKING		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
HILTON COLUMBUS	09/30/2019	18.00

Street Address	Purpose		
	PARKING		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEY BANK	09/30/2019	3.00

Street Address	Purpose		
88 E BROAD ST	BANK SERVICE CHARGES		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEY BANK	09/30/2019	5.00

Street Address	Purpose		
88 E BROAD ST	BANK SERVICE CHARGES		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH	43215	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SUE CUNNINGHAM	10/01/2019	250.00

Street Address	Purpose		
334 BENEDETTI AVE	ACCOUNTING		
City	**State**	**Zip Code**	**Check Number**
COLUMBUS	OH	43213	238

Page Total $ 288.00