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
AMERICAN PIE	10/03/17	51.57

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
KENNER	~~OH~~ LA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMG GCCC	10/10/17	10.00

Street Address	Purpose
	PARKING

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
ROOSTERS	10/11/17	33.17

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SMOKEY BONES	10/16/17	24.18

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
7-ELEVEN	10/18/17	17.17

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
MANSFIELD	OH		DEBIT

Page Total $ 136.09