



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GIBBS 4 KIDS			
To Whom Paid MARATHON PETRO		Date (MM/DD/YYYY) 10/20/17	Amount 8.51
Street Address		Purpose FUEL	
City MANISTEED	State OH	Zip Code	Check Number DEBIT
To Whom Paid PDS EXA UBERUS		Date (MM/DD/YYYY) 10/20/17	Amount 3.00
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT
To Whom Paid PDS EXA UBERUS		Date (MM/DD/YYYY) 10/20/17	Amount 6.45
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT
To Whom Paid PDS EXA UBERUS		Date (MM/DD/YYYY) 10/20/17	Amount 6.45
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT
To Whom Paid PDS EXA UBERUS		Date (MM/DD/YYYY) 10/20/17	Amount 6.45
Street Address		Purpose TRAVEL	
City SAN FRANCISCO	State OH CA	Zip Code	Check Number DEBIT

Page Total \$ 30.86