

## Statement of Expenditures

Form 31-B

R.C. 3517.10

| Full Name of Committee     |  |                  |                   |               |              |  |  |  |
|----------------------------|--|------------------|-------------------|---------------|--------------|--|--|--|
|                            |  |                  |                   |               |              |  |  |  |
| GIBBS 4 KIDS COMMITTEE     |  |                  | Date (MM/DD/YYYY) | -             | Amount       |  |  |  |
| SHERATON                   |  |                  | 06 13 19          |               | 15.00        |  |  |  |
| Street Address             | Purpose                                  |                  |                   |               |              |  |  |  |
|                            | PARKING                                  |                  |                   |               |              |  |  |  |
| City                       | State                                    | Zip              | Code              | eck Number    |              |  |  |  |
| Columbus                   | ОН                                       |                  |                   | Į             | DEBIT        |  |  |  |
| To Whom Paid               | <del></del>                              |                  | Date (MM/DD/YYYY) |               | Amount       |  |  |  |
| KEY BANK<br>Street Address |  |                  | 06/28/19          |               | 3.00         |  |  |  |
| Street Address             |  |                  |                   |               |              |  |  |  |
|                            | BANK CHARLE  State Zip Code Check Number |                  |                   |               |              |  |  |  |
| City                       | State                                    | Zip              | Code              |               | Check Number |  |  |  |
| Columbus                   | ОН                                       |                  | 1                 |               | DEBIT        |  |  |  |
| To Whom Paid               |  |                  | Date (MM/DE/YYYY) |               | Amount       |  |  |  |
|                            |  |                  |                   |               |              |  |  |  |
| Street Address             | Purpose                                  |                  |                   |               |              |  |  |  |
|                            |  |                  |                   |               |              |  |  |  |
| City                       | State                                    | Zip (            | Code              | Che           | Check Number |  |  |  |
|                            | ОН                                       |                  |                   |               |              |  |  |  |
| To Whom Paid               |  |                  | Date (MM/DD/YYYY) |               | Amount       |  |  |  |
|                            |  |                  |                   |               |              |  |  |  |
| Street Address             | Purpose                                  |                  |                   |               |              |  |  |  |
|                            |  |                  |                   |               |              |  |  |  |
| City                       | i  |                  | Che               | Check Number  |              |  |  |  |
|                            | ОН                                       |                  |                   |               |              |  |  |  |
| To Whom Paid               |  | Date (MM/DD/YYY) |                   |               | Amount       |  |  |  |
|                            |  | ]                |                   |               |              |  |  |  |
| Street Address             | Purpose                                  |                  |                   |               |              |  |  |  |
|                            |  |                  |                   | ol. Ni. was a |              |  |  |  |
| City                       | State<br>OH                              |                  |                   |               | ck Number    |  |  |  |
|                            |  |                  | <u></u>           |               |              |  |  |  |

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