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
ZANZIBAR	10/23/17	52.03

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
CLEVELAND	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	10/22/17	6.45

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEY BANK	10/31/17	3.00

Street Address	Purpose
	BANK CHARGES

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
POS EXA UBERUS	11/01/17	8.45

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
THE LIBRARY	11/01/17	19.58

Street Address	Purpose
	MEALS

City	State	Zip Code	Check Number
PITTSBURGH	~~OH~~ PA		DEBIT

Page Total $ 89.51