

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE									
To Whom Paid WIX.COM						M	D	Y	Amount
						06	09	17	12.95
Address				Purpose WEBSITE					
City NEW YORK				State OH NY		Zip Code		Check Number DEBIT	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount