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Event Date	Ø	11	
Page			

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

N				
Name of Committee in Full GIBBS 4 KIDS Co.	MMITTEE			
To Whom Paid			M D	Y Amount
FIEUR			09011	1 40.00
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	
	CATER State	RING		
City		Zip Code	Check Number	
City Columbus To Whom Paid	OH		DEBIT CAS	
To Whom Paid			09011	Amount 40.00
CASH Address	Purpose		1071011	TU.DU
	CHAN:	GE (FAMOR	Check Number	PHED
City		Zip Code		
COlumbus	DH		166	
City COlumBuS To Whom Paid		· -	M D	Y Amount
Address	Purpose			
City	State	Zip Code	Check Number	
				VI Amount
To Whom Paid			M B	Y Amount
Address	Purpose			
City	Sta te	Zip Code	Check Number	
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Address	Purpose		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ĉity	Sta te	Zip Code	Check Number	
			MD	Y
To Whom Paid			M D	1 ZYMOUR
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D	Y Amount
Address	Purpose			
Co.	State	Zip Code	Check Number	
City	Sta te	L.p Cour	Chiber Pullipel	4 V 4

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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Page Total \$	80.00