

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE									
To Whom Paid FIEUR						M	D	Y	Amount 40.00
Address		Purpose CATERING							
City COLUMBUS		State OH	Zip Code		Check Number DEBIT CARD				
To Whom Paid CASH						M	D	Y	Amount 40.00
Address		Purpose CHANGE (FUNDRAISER) RETURNED							
City COLUMBUS		State OH	Zip Code		Check Number 166				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				

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.