

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 PARTY CITY						M 1	D 0	Y 2	Amount 52.63
Address		Purpose SUPPLIES							
City COLUMBUS		State OH	Zip Code		Check Number DEBIT				
To Whom Paid WALGREENS						M 1	D 0	Y 2	Amount 26.21
Address		Purpose SUPPLIES							
City COLUMBUS		State OH	Zip Code		Check Number DEBIT				
To Whom Paid AVALON LOUNGE						M 1	D 0	Y 2	Amount 80.00
Address		Purpose CATERING							
City COLUMBUS		State OH	Zip Code		Check Number DEBIT				
To Whom Paid AVALON LOUNGE						M 1	D 0	Y 2	Amount 60.00
Address		Purpose CATERING							
City COLUMBUS		State OH	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				

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.

218.84
Page Total \$ _____