3	1	Γ		
R	c	351	7	10

L rent Date	10/22/201	
Fage 1		

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			1 0	^D 2	1 5	Amount 52.63
Address	Purpose SUPPLI	SUPPLIES				
COLUMBUS	State OH	Zip Code	Check ?			<u> </u>
To Whom Paid WALGREENS		, , , , , , , , , , , , , , , , , , , ,	м 1 0	D 2 3	1 5	Amount 26.21
Address	Purpose SUPPLI	ES		•	•	
City COLUMBUS	State OH	Zip Code	Check N			
To Whom Paid AVALON LOUNGE				^D 2 3	1 5	Amount 80.00
Address	Purpose CATERI	Purpose CATERING				
City COLUMBUS	State OH	Zip Code	Check Number DEBIT			
To Whom Paid AVALON LOUNGE			1 0	ь 2 3	1 5	Amount 60.00
Address	Purpose CATERI	NG				
COLUMBUS	OH State	Zip Code	Check Number DEBIT			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check N	lumber		
To Whom Paid	•		М	D	Y	Amount
Address	Purpose		-	•		-
City	State OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose		· · · · · ·		•	
City	Sta te OH	Zip Code	Check N	umber		

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 \$			