OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

GIBBS 4 KIDS COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
KEY BANK	09/28/18	3.00

Street Address	Purpose
186 GRANVILLE ST	BANK SERVICE CHARGE

City	State	Zip Code	Check Number
COLUMBUS	OH	43230	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
DID BAG OF NAILS	10/05/18	48.99

Street Address	Purpose
	MEALS/MEETINGS

City	State	Zip Code	Check Number
COLUMBUS	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
SYE CUNNINGHAM	9/30/18	875.00

Street Address	Purpose
334 BENEDETTI AVE	ACCOUNTING SERV

City	State	Zip Code	Check Number
COLUMBUS	OH	43213	226

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	10/10/18	6.60

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
	OH		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	10/24/18	5.00

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
	OH		DEBIT

Page Total $ 938.59