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
UBER TRIP 7 NY	01/18/19	6.13
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
	~~OH~~ CA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER TRIP 7 NY	01/18/19	4.00
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
	~~OH~~ CA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER TRIP 7 NY	01/18/19	5.37
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
	~~OH~~ CA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER TRIP 7 NY	01/18/19	5.37
Street Address	**Purpose**	
	TRAVEL	
City	**State** / **Zip Code**	**Check Number**
	~~OH~~ CA	DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
FLORIDA AVENUE	01/18/19	27.22
Street Address	**Purpose**	
	MEALS	
City	**State** / **Zip Code**	**Check Number**
WASHINGTON	~~OH~~ DC	DEBIT

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