JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
GIBBS 4 KIDS

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/05/18	8.59

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/06/18	7.23

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/06/18	8.27

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
UBER	02/06/18	24.78

Street Address	Purpose
	TRAVEL

City	State	Zip Code	Check Number
SAN FRANCISCO	~~OH~~ CA		DEBIT

To Whom Paid	Date (MM/DD/YYYY)	Amount
OLD BAG OF NAILS	02/07/18	43.72

Street Address	Purpose
	MEALS / MEETINGS

City	State	Zip Code	Check Number
Columbus	OH		DEBIT

Page Total $ 92.59