OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Field	Entry
Full Name of Committee	Aultman for Schools

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission	11/05/2019	$30.00

Street Address	Purpose
30 W Spring Street L3	2018 Financial Disclosure Fee

City	State	Zip Code	Check Number
Columbus	OH	43215	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Breakthrough Advising, LLC	11/25/2019	$250.00

Street Address	Purpose
6605 Longshore St, Suite 240 #122	Door Hanger Literature

City	State	Zip Code	Check Number
Dublin	OH	43017	1001

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 280.00