



Statement of Expenditures

Form 31-B

R.C. 3517.10

ull Name of Committee				
raig Treneff for Council		Date (MM/DD	Amount	
o Whom Paid		Date (MIM/DD	10/25/2019 \$505.00	
reakthrough Advising LLC			10/20/2010	
treet Address	Purpose			
605 Longshore St., Suite 240 #122	Consulting			
	State			
City	он	43017	110	
Dublin		Date (MM/DI	OMYYY) Amount	
o Whom Paid		Date (mm==	10/25/2019 \$5,314.32	
JM2				
Street Address	Purpose			
6919 Linbrook Boulevard	Direct M		Total Marchan	
City	State	Zip Code	Check Number	
Columbus	ОН	43235	111	
	Date (MM/DD/YYYY)		DD/YYYY) Amount	
To Whom Paid				
	Durage			
Street Address	Purpose			
			Check Number	
City	State	Zip Code	CHECK HAIRING	
Oity	ОН			
		Date (MM/I	DD/YYYY) Amount	
To Whom Paid				
	Purpose			
Street Address	1 4,5000			
		Zin Codo	Check Number	
City	State	Zip Code		
	ОН			
To Whom Paid		Date (MM	/DD/YYYY) Amount	
10 YVIIOIII F aid		1		
	Purpose			
Street Address	,			
	State	Zip Code	Check Number	
City	i			
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