



Statement of Expenditures

Form 31-B

R.C. 3517.10

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Full Name of Committee					
Craig Treneff for Council					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Breakthrough Advising			11/27/2019		\$385.00
reet Address Purpose					
6605 Longshore St. Suite 240 #122	Consulting				
City	State Zip Code Check Number		ck Number		
Dublin	ОН	43017 1012		12	
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
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City		Zip	Code	Che	ck Number
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To Whom Paid			Date (MM/DD/YYYY)		Amount
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To Whom Paid			Date (MM/DD/YYYY)		Amount
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