



# Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 385.00