Ohio Campaign Finance Report

_	Prescribed by Secretary of State 3/05							2016	SEP	-9	AH	: 46
Full Name of Committee Columbus Citizens For Accountability Full Name of Candidate								Registration Number, if PACONTY REARD OF FLECTIONS				
Street Address 5340 East Main		Office Sought				District						
Columbus	<u> </u>	Star	Zip Cod	43213								
Type of Report (place X to the left of report type)		I POSI-P		imary		Pre-General		Post-Gen	neral		Annual)	
		July Monthly		August Monthly		September Monthly	M	Terminati	ion D		Semiann	<u></u>
Amended Report? Yes	■ No	Report Electronically Fi	led? 🗖 Yes	■ No	Date of	Election	0 "	8	0	2	1	6
For candidates only, during an el No other forms are required for	lection y a post-pr	ear: if total contributions imary or post-general per	and expenditures riod, if above state	each total \$500 or ement applies. See	less durin R.C. 3517	g the combined pre- '.10(H) for details.	and post-perio	ods at one	election	, check l	∞х □	
	t. Amount brought forward from last report					\$	\$0	.00	4			
	2. Total monetary contributions (From Form No. 31-A)					\$	\$0	.00	╛			
	3. Total other income (From Form No. 31-A-2)					\$	\$0	.00				
	4. Total funds available (sum of lines 1, 2, 3)					\$	\$0	QO.				
	5. Total monetary expenditures (From Form No. 31-B)					\$	\$0	.00				
	6. Balance on hand (line 4 minus line 5) 7. Value of in-kind contributions received (From Form No. 31-J-1) 8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding loans owed by committee (From Form No. 31-C) 10. Outstanding debts owed by committee (From Form No. 31-N) 11. Outstanding loans owed to committee (From Form No. 31-K) 12. Value of independent expenditures made (From Form No. 31-U) 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.					S	\$0	.00				
						s	\$0	.00				
						s	\$0	.00				
						s	\$0	.00				
						\$	\$0	.00	1			
						s	\$0	.00	1			
						s	\$0	.00	1			
						s	\$0	.00	1			
THE INFORMATION CONT. FALSIFICATION IS GUILTY				THE PENALTY O	OF ELEC	FION FALSIFICA	IION. WHOE					
Emily Murphy								7/18/2016				
Print Name and Title (Treasurer	and Dep	uty Treasurer only)	Signa	ature	V				Date		•	
Contribution		Expenditor	re A		Ot	her a				Total		