

Ohio Campaign Finance Report

-			Prescribed by Sec	retary of State 3	/05	Z	n i Ar	K ZU	Ηſ	i IU• UC	
Full Name of Committee Committee for Sarah Ries								Registration Number, if PAC			
Full Name of Candidate Sarah Elizabeth	Ries										
Street Address 865 Macon Alley						Office Sought			District		
Columbus		Star OH	State OH		Zip Code 43206						
Type of Report (place X to the left of report type)	Pre-Primary	,7	Post-Primary		Pre-General September		Post-Gen	General Annual Year Semiannual			
	Monthly		Monthly		Monthly		Terminati	Di	L	Y	
Amended Report?	No Report Elec	tronically Filed?	Yes 🖪 No	Date of	Election	0	5	0	2	1 7	
For candidates only, during an e No other forms are required for	a post-primary or pos	t-general period,	if above statement applies	s. See R.C. 3517	7.10(H) for details.				oncox o	ON LI	
	1. Amount broug	24- 1-1	\$.00	_					
	2. Total monetary	\$.00	-						
	3. Total other income (From Form No. 31-A-2)				\$.00				
	4. Total funds ava	ilable (sum of li		\$.00	4				
	5. Total monetary	expenditures (F	250 L 220 A.C	\$.00	4				
	6. Balance on har	d (line 4 minus l	1 (38) (3) 1 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3	\$	<u></u>	.00					
	7. Value of in-kin	d contributions r	o. 31-J-1)	\$			4				
	8. Value of in-kin	d contributions :	1-J-2)	\$			-				
	9. Outstanding lo	ans owed by con	amittee (From Form No.	. 31-C)	\$			-			
	10. Outstanding	lebts owed by co	mmittee (From Form N	o. 31-N)	\$			4			
	11. Outstanding i	oans owed to cor	nmittee (From Form No	s, 31-K)	\$			4			
	12. Value of independent expenditures made (From Form No. 31-U) \$ 13. For Electronic Filing Entities only							4			
			of any new loans receiv	ed this period.	\$			╛			
THE INFORMATION CONT FALSIFICATION IS GUILTY				TY OF PLEC	TION FALSIFICA) FION. WHO	EVER CO	MMITS	ELEC	TION	
William L. Curlis		r only)	Augusta		Lak	<u>(`</u>		04-19	9-17		
Time Name and Title (Treasurer	and Deputy Heastire	i only)	Signartife /	V				Date			
Contribution pages		Expenditure pages		I .	her				Total pages_	0	