30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 8/95

Full Name of Committee	Registration Number, if PAC
Committee to Elect Lynn Sautter	

Street Address	District
865 Macon Alley	

City	State	Zip Code
Columbus, Ohio 43206		

Type of Report (place X to the left of report type)		Pre-Primary	X	Post-Primary		Pre-General		Post-General		Annual Year _____
		July Monthly		August Monthly		September Monthly		Termination		

Amended Report? ☐ Yes ☒ No   Date of Election M 0 5 D 0 3 Y 0 5

Office Sought (Candidates only) **Columbus City Auditor**

For candidates only, during an election year: if total contributions and expenditures each total $500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	$	0 .00
2. Total monetary contributions (From Form No. 31-A)	$	356 .55
3. Total other income (From Form No. 31-A-2)	$	0 .00
4. Total funds available (sum of lines 1, 2, 3)	$	356 .55
5. Total monetary expenditures (From Form No. 31-B)	$	0 .00
6. Balance on hand (line 4 minus line 5)	$	356 .55
Value of in-kind contributions received (From Form No. 31-J-1)	$	0 .00
Value of in-kind contributions made (From Form No. 31-J-2)	$	0 .00
Outstanding loans owed by committee (From Form No. 31-C)	$	0 .00
Outstanding debts owed by committee (From Form No. 31-N)	$	0 .00
Outstanding loans owed to committee (From Form No. 31-K)	$	0 .00
Value of independent expenditures made (From Form No. 31-U)	$	0 .00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. THE PENALTY FOR ELECTION FALSIFICATION IS IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, OR A FINE OF NOT MORE THAN $1,000, OR BOTH.

William L. Curlis, Treasurer   June 8, 2005

Print Name and Title (Treasurer and Deputy Treasurer only)   Signature   Date

Contribution pages_____	Expenditure pages_____	Other pages_____	Total pages_____