

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE						Registration Number, if PAC		
Full Name of Candidate KATHRYN A MICHAEL								
Street Address 3363 STANLEY RD					Office Sought		District Summit Cty	
City FAIRLAWN					State O H		Zip Code 44333	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
						X		Annual Year 2016
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y

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	\$	369.47
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-C)	\$	0.00
4. Total funds available (Sum of lines 1, 2, 3)	\$	369.47
5. Total monetary expenditures (From Form No. 31-B)	\$	45.00
6. Balance on hand (line 4 minus line 5)	\$	324.47
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	160,955.74
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 JAN 24 AM 10:48
BOARD OF ELECTIONS
AKRON, OHIO
502 Avc

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

ROBERT C. BOYCE, TREASURER

[Signature]

1/24/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 1

Other pages 2

Total pages 3

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE									
To Whom Paid KEY BANK						M	D	Y	Amount 45.00
Address 219 S MAIN ST			Purpose SERVICE CHARGES APR-DEC: 9 months @ \$5/month						
City AKRON		State OH	Zip Code 44308		Check Number Direct Debit				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE													
From Whom Received KATHRYN MICHAEL										Prior Amount 160,955.74		Amt. Incurred this Period 0.00	
Address 3363 STANLEY ROAD												Outstanding Balance 160,955.74	
City FAIRLAWN		State OH	Zip Code 44333		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 2 1 8 0 5													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 160,955.74
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 160,955.74 (To Form No. 30-A)