

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Keep Judge Jill Flagg Lanzinger Committee						Registration Number, if PAC	
Full Name of Candidate Jill Flagg Lanzinger							
Street Address 118 Clement Ave.				Office Sought Municipal Court Judge		District Barberton	
City Akron				State OH		Zip Code 44319	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year (2016)		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
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		1 ^M 1 0 ^D 8 1 ^Y 6	

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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(11) for details.

1. Amount brought forward from last report	\$	\$208.22
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)	\$	\$208.22
5. Total monetary expenditures (From Form No. 31-B)	\$	\$119.88
6. Balance on hand (sum of lines 4 and 5)	\$	\$88.34
7. Value of in-kind contributions received (From Form No. 31-I)	\$	
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.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 31 PM 12: 52
 BOARD OF ELECTIONS
 AKRON, OHIO
 F S 97 AWC

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.

Jason Evans, Treasurer

01/31/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____	Expenditure pages <u>2</u>	Other pages <u>12 130</u>	Total pages <u>14 150</u>
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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Keep Judge Jill Flagg Lanzinger Committee													
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	1	2	9	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	2	2	9	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	3	3	1	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	4	2	9	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	5	3	1	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	6	3	0	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	7	2	9	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							
To Whom Paid							M	D	Y	Amount			
Citizens Bank							0	8	3	1	1	6	9.99
Address				Purpose									
P.O. Box 7000				Monthly Maintenance Fee									
City				State		Zip Code		Check Number					
Providence				R I		02940							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Keep Judge Jill Flagg Lanzinger Committee							
To Whom Paid Citizens Bank				M	D	Y	Amount
				0	9	3	0
				1	6		9.99
Address P.O. Box 7000		Purpose Monthly Maintenance Fee					
City Providence		State R I	Zip Code 02940	Check Number			
To Whom Paid Citizens Bank				M	D	Y	Amount
				1	0	3	1
				1	6		9.99
Address P.O. Box 7000		Purpose Monthly Maintenance Fee					
City Providence		State R I	Zip Code 02940	Check Number			
To Whom Paid Citizens Bank				M	D	Y	Amount
				1	1	3	0
				1	6		9.99
Address P.O. Box 7000		Purpose Monthly Maintenance Fee					
City Providence		State R I	Zip Code 02940	Check Number			
To Whom Paid Citizens Bank				M	D	Y	Amount
				1	2	3	0
				1	6		9.99
Address P.O. Box 7000		Purpose Monthly Maintenance Fee					
City Providence		State R I	Zip Code 02940	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			