

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF JUSTICE</b>						Registration Number, if PAC	
Full Name of Candidate <b>RICHARD R JUSTICE</b>							
Street Address <b>2498 LAKESIDE DR</b>				Office Sought <b>MAYOR</b>		District <b>VEILLAGE OF LAKEMORE</b>	
City <b>LAKEMORE</b>				State <b>OH</b>		Zip Code <b>44250</b>	
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 checked="" type="checkbox"/> Annual Year	<b>2016</b>	
	<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		M	D

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(H) for details.

1. Amount brought forward from last report	\$	111	68
2. Total monetary contributions (From Form No. 31-A)	\$	25	00
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (From Form No. 31-I)	\$		
5. Total monetary expenditures (From Form No. 31-B)	\$	25	00
6. Balance forward (From Form No. 31-D)	\$	111	68
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)	\$	905	16
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 3:06  
OHIO BOARD OF ELECTIONS  
AKRON, OHIO

# 708 Ave

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.

RICHARD JUSTICE  
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]  
Signature

1/31/17  
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 4

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF JUSTICE</b>							
Full Name of Contributor <b>RICHARD R JUSTICE</b>						Registration Number, if PAC	
Street Address <b>2498 LAKESEDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>LAKEMORE</b>		State <b>OH</b>	Zip Code <b>44250</b>		M <b>03</b>	D <b>03</b>	Y <b>16</b>
Amount <b>\$5.00</b>							
Full Name of Contributor <b>RICHARD R JUSTICE</b>						Registration Number, if PAC	
Street Address <b>2498 LAKESEDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>LAKEMORE</b>		State <b>OH</b>	Zip Code <b>44250</b>		M <b>05</b>	D <b>20</b>	Y <b>16</b>
Amount <b>\$5.00</b>							
Full Name of Contributor <b>RICHARD R JUSTICE</b>						Registration Number, if PAC	
Street Address <b>2498 LAKESEDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>LAKEMORE</b>		State <b>OH</b>	Zip Code <b>44250</b>		M <b>06</b>	D <b>21</b>	Y <b>16</b>
Amount <b>\$5.00</b>							
Full Name of Contributor <b>RICHARD R JUSTICE</b>						Registration Number, if PAC	
Street Address <b>2498 LAKESEDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>LAKEMORE</b>		State <b>OH</b>	Zip Code <b>44250</b>		M <b>10</b>	D <b>11</b>	Y <b>16</b>
Amount <b>\$5.00</b>							
Full Name of Contributor <b>RICHARD R JUSTICE</b>						Registration Number, if PAC	
Street Address <b>2498 LAKESEDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>LAKEMORE O</b>		State <b>OH</b>	Zip Code <b>44250</b>		M <b>11</b>	D <b>21</b>	Y <b>16</b>
Amount <b>\$5.00</b>							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							

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

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
FRIENDS OF JUSTICE				02	29	16	25.00
To Whom Paid							
FERSTMERT							
Address		Purpose					
295 FERSTMERT CIRCLE		BANK FEE					
City	State	Zip Code	Check Number				
AKRON	OH	44307					
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				
To Whom Paid							
Address							
Purpose							
City	State	Zip Code	Check Number				

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>FRIENDS OF JUSTICE</b>							
To Whom Owed <b>RICHARD JUSTICE</b>				Prior Amount		Amt. Incurred this Period <b>905.16</b>	
Address <b>2498 LAKESIDE DR</b>				Item or Purpose of Debt <b>PUBLICATIONS</b>		Outstanding Balance <b>905.16</b>	
City <b>LAKEMORE OH</b>		State <b>OH</b>	Zip Code <b>44250</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
12 03 15							
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		State	Zip Code		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		State	Zip Code		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ 905.16 (also record on cover page)