

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee <i>Committee To Elect Judith Lynn Lee</i>						Registration Number, if PAC				
Full Name of Candidate <i>Judith Lynn Lee</i>										
Street Address <i>3227 Creekside Dr</i>				Office Sought <i>Norton City Council Ward 3</i>		District				
City <i>Norton</i>				State <i>OH</i>		Zip Code <i>44203</i>				
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 checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		<i>11 07 17</i>				

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	\$	<i>1,123</i>	<i>49</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1,110</i>	
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>2,233</i>	<i>49</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>681</i>	<i>46</i>
6. Balance on hand (Use the net line 5)	\$	<i>1,552</i>	<i>03</i>
7. Value of in-kind contributions received (From Form No. 31-I)	\$	<i>9</i>	<i>29</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)	\$	<i>929</i>	<i>912</i>
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 DEC 14 PM 2:57

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.

Judith Lynn Lee *Judith Lynn Lee* *12/14/17*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Committee To Elect Judith Lynn Lee</i>					
Full Name of Contributor <i>Richard M. Thome</i>				Registration Number, if PAC	
Street Address <i>8177 S. Cleveland Mass Rd</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 20 17</i>	Amount <i>50⁰⁰</i>
City <i>Clinton</i>	State <i>OH</i>	Zip Code <i>44216</i>	Form (Cash, Check, etc.) <i>3652</i>		
Full Name of Contributor <i>Vernon L Sykes</i>				Registration Number, if PAC	
Street Address <i>133 Furnace Run Dr</i>		Employer/Occupation/Labor Organization* <i>Senator</i>		M D Y <i>10 20 17</i>	Amount <i>100⁰⁰</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44307</i>	Form (Cash, Check, etc.) <i>1549</i>		
Full Name of Contributor <i>Committee To Re-Elect Judge Annalisa S. Williams</i>				Registration Number, if PAC	
Street Address <i>1137 Allendale Ave</i>		Employer/Occupation/Labor Organization* <i>Judge</i>		M D Y <i>10 20 17</i>	Amount <i>100⁰⁰</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44306</i>	Form (Cash, Check, etc.) <i>1057</i>		
Full Name of Contributor <i>Stephen J. McCarthy</i>				Registration Number, if PAC	
Street Address <i>3184 Cranwood Cir</i>		Employer/Occupation/Labor Organization* <i>Engineer</i>		M D Y <i>10 20 17</i>	Amount <i>200⁰⁰</i>
City <i>Norton</i>	State <i>OH</i>	Zip Code <i>44203</i>	Form (Cash, Check, etc.) <i>163</i>		
Full Name of Contributor <i>Margaret Scott</i>				Registration Number, if PAC	
Street Address <i>3776 Fairway Park Dr</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 20 17</i>	Amount <i>50⁰⁰</i>
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Form (Cash, Check, etc.) <i>620</i>		
Full Name of Contributor <i>Renee Greene</i>				Registration Number, if PAC	
Street Address <i>477 Mineola Ave</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 20 17</i>	Amount <i>30⁰⁰</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44320</i>	Form (Cash, Check, etc.)		
Full Name of Contributor <i>Janie Foshee</i>				Registration Number, if PAC	
Street Address <i>100 Rhodes Ave</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 20 17</i>	Amount <i>10⁰⁰</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44302</i>	Form (Cash, Check, etc.)		

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

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Total expenditures this event

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Page Total \$ 540⁰⁰

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Judith Lynn Lee						
Full Name of Contributor Melissa Dean					Registration Number, if PAC	
Street Address 3857 Heron Watch Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 2595	
City AKRON	State OH	Zip Code 44319	M 10	D 27	Y 17	Amount 50.00
Full Name of Contributor Kathryn A. Michael						
Street Address 3363 Stanby Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 8112	
City Fairlawn	State OH	Zip Code 44333	M 10	D 27	Y 17	Amount 50.00
Full Name of Contributor Sandra Kunt						
Street Address 140 Mayfield Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 4860	
City AKRON	State OH	Zip Code 44313	M 11	D 06	Y 17	Amount 50.00
Full Name of Contributor Tara Galonski						
Street Address 1137 Allendale Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 114	
City AKRON	State OH	Zip Code 44304	M 11	D 01	Y 17	Amount 50.00
Full Name of Contributor Federated Democratic Women of Summit County (FDWPC)						
Street Address 82 Cedarwoods Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 1288	
City Cuyahoga Falls	State OH	Zip Code 44223	M 10	D 25	Y 17	Amount 125.00
Full Name of Contributor Bridget M. Long						
Street Address 855 Emory Ave		Employer/Occupation/Labor Organization* Child Care Provider			Form (Cash, Check, etc.) money order 561.5849	
City AKRON	State OH	Zip Code 44310	M 10	D 21	Y 17	Amount 100.00
Full Name of Contributor Jeff Fuseo						
Street Address 2117 Forest Oak Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 1261	
City AKRON	State OH	Zip Code 44312	M 10	D 19	Y 17	Amount 50.00
Full Name of Contributor Total Cont. from 31-E						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 10	D 20	Y 17	Amount 635

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2 x 2 1,110.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid						M	D	Y	Amount	
Committee To Elect Judith Lynn Lee						11	08	17	225.00	
Address				Purpose						
1088 S Main St				Newspaper Advertisement - Campaign						
City		State		Zip Code		Check Number				
Akron		OH		44301		1118				
To Whom Paid						M	D	Y	Amount	
United States Postal Service (USPS)						11	15	17	29.40	
Address				Purpose						
3200 Greenwich Rd				Postal Stamps						
City		State		Zip Code		Check Number				
Norton		OH		44203		1121				
To Whom Paid						M	D	Y	Amount	
Novex Systems						11	13	17	292.06	
Address				Purpose						
4040 Hillcrest Dr				Postcard Mailing						
City		State		Zip Code		Check Number				
Norton		OH		44125		1119				
To Whom Paid						M	D	Y	Amount	
Ronnie J. Lee						11	10	17	150.00	
Address				Purpose						
3227 Creekside Dr				Campaign Work - Putting up & Taking Down Signs						
City		State		Zip Code		Check Number				
Norton		OH		44203		1120				
To Whom Paid						M	D	Y	Amount	
Total Expenditures from 31-F									35.00	
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				

242 681.46
Page Total \$ 646.46

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee To Elect Judith Lynn Lee</i>									
To Whom Paid <i>Federated Democratic Women of Summit County</i>						M	D	Y	Amount <i>15⁰⁰</i>
Address <i>82 Cedarwood's Dr.</i>			Purpose						
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>44223</i>	Check Number <i>1117</i>					
To Whom Paid <i>Summit County Democratic Party</i>						M	D	Y	Amount <i>20⁰⁰</i>
Address <i>438 Grant St.</i>			Purpose <i>Christmas Bazar</i>						
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44311</i>	Check Number <i>1122</i>					
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					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Committee To Elect Judith Lynn Lee</i>			
Full Name of Contributor <i>Jacqueline DeBose</i>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <i>2794 Valley Rd.</i>	Description of Item or Service	M D Y ? <i>10 20 1 ?</i>	Fair Market Value <i>9.29</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Committee To Elect Judith Lynn Lee</u>					
Full Name of Contributor <u>MR Edward L. Gilbene</u>				Registration Number, if PAC	
Street Address <u>1 Cascade Plaza STE 825</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 20 17</u>	Amount <u>75⁰⁰</u>
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44308</u>		Form (Cash, Check, etc.) <u>2987</u>	
Full Name of Contributor <u>Linda Gilbene</u>				Registration Number, if PAC	
Street Address <u>385 Briarwood Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 20 17</u>	Amount <u>20⁰⁰</u>
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44320</u>		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event

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Page Total \$ 95⁰⁰