



Committee Name FRIENDS OF JUSTICE		Office Sought MAYOR		District
Street Address 2498 LAKESTOE DR		City LAKEMORE	State OH	Zip 44250
Candidate Name OR PAC Registration Number		Treasurer Name RICHARD JUSTICE		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.


Year
2017

1. Amount brought forward from last report	\$ 111.68
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 15.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	126.68
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 21.00
6. Balance on hand (line 4 minus line 5)	105.68
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	\$ 905.16
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 31 PM 12:16
 # 2007 - 208

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**


Signature of Treasurer or Deputy Treasurer

1/31/18
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 2	Other Pages 1	Total Pages 5
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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee FRIENDS OF JUSTICE			
To Whom Owed RICHARD JUSTICE		Prior Amount 905.16	Amount Incurred this Period
Street Address 2498 LAKESEIDE DR		Item or Purpose of Debt PUBLICATIONS	Outstanding Balance 905.16
City LAKEMORE	State OH	Zip Code 44250	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY) 12/03/15		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount

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 \$ 0 (also record on Form 31-B)

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



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF JUSTICE				
Full Name of Contributor RICHARD JUSTICE			Registration Number, if PAC	
Street Address 2498 LAKESIDE DR		Employer/Occupation/Labor Organization* SELF		Form (Cash, Check, etc.) CASH
City LAKEMORE	State OH	Zip Code 44250	Date (MM/DD/YYYY) 3/22/17	Amount \$5.00
Full Name of Contributor RICHARD JUSTICE			Registration Number, if PAC	
Street Address 2498 LAKESIDE DR		Employer/Occupation/Labor Organization* SELF		Form (Cash, Check, etc.) CASH
City LAKEMORE	State OH	Zip Code 44250	Date (MM/DD/YYYY) 5/30/17	Amount \$5.00
Full Name of Contributor RICHARD JUSTICE			Registration Number, if PAC	
Street Address 2498 LAKESIDE DR		Employer/Occupation/Labor Organization* SELF		Form (Cash, Check, etc.) CASH
City LAKEMORE	State OH	Zip Code 44250	Date (MM/DD/YYYY) 12/26/17	Amount \$5.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF JUSTICE			
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 6/15/17	Amount \$3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 7/17/17	Amount \$3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 8/15/17	Amount \$3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 9/15/17	Amount \$3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 10/16/17	Amount \$3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number

Page Total \$ \$15.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF JUSTICE			
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 11/15/17	Amount \$ 3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 12/15/17	Amount \$ 3.00
Street Address 2430 WEDGEWOOD DR		Purpose BANK FEE	
City AKRON	State OH	Zip Code 44312	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 6.00