



Committee Name <i>Susan Baker Ross for Judge</i>		Office Sought <i>Judge of the Court of Common Pleas</i>		District
Street Address <i>333 N. Portage Path # 22</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44303</i>
Candidate Name OR PAC Registration Number <i>Susan Baker Ross</i>		Treasurer Name <i>Paula Prentice</i>		Election Date (MM/DD/YYYY) <i>11/6/2018</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" 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				Year
Amended Report <input checked="" 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.

1. Amount brought forward from last report	<i>45981.47</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>.00</i>
3. Total other income (From Form 31-A-2)	<i>50.00</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>46,031.47</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>1,520.08</i>
6. Balance on hand (line 4 minus line 5)	<i>44,511.39</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>50.54</i>
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
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 JUN 15 AM 10:17
#2153

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

Paula Prentice
Signature of Treasurer or Deputy Treasurer

06/13/2018
Date (MM/DD/YYYY)

Contribution Pages <i>1</i>	Expenditure Pages <i>2</i>	Other Pages <i>2</i>	Total Pages <i>7</i>
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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Susan Baker Ross for Judge			
Full Name of Contributor Victim Assistance Program Inc		Registration Number, if PAC	
Street Address 150 Furnace Street	Type* Refund refund	Date (MM/DD/YYYY) 3/22/2018	Form (Cash, Check, etc.) Check
City Akron	State OH OH	Zip Code 44304	Amount 50.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge			
To Whom Paid Summit County Progressive Dems		Date (MM/DD/YYYY) 04/20/2018	Amount 250.00
Street Address 1996 White Pond Dr.		Purpose Fundraiser	
City Akron	State OH OH	Zip Code 44313	Check Number 1009
To Whom Paid Patriot Signage Inc		Date (MM/DD/YYYY) 02/23/2018	Amount 474.01
Street Address 10561 Chester Road		Purpose Campaign Car Magnets	
City Cincinnati	State OH OH	Zip Code 45215	Check Number 1011
To Whom Paid Kaitlin Bailey		Date (MM/DD/YYYY) 05/29/2018	Amount 160.13
Street Address 2127 Pilgrim Way		Purpose Printing	
City AKRON	State OH OH	Zip Code 44313	Check Number 1012
To Whom Paid Checks in the Mail		Date (MM/DD/YYYY) 04/24/2018	Amount 38.30
Street Address 2435 Goodwin Lane		Purpose Deposit Slips - Stamp	
City New Braunfels	State OH TX	Zip Code 78135	Check Number Debit Card
To Whom Paid Sams Club		Date (MM/DD/YYYY) 05/17/2018	Amount 215.64
Street Address 3750 W. Market Str		Purpose Parade Candy	
City Fairlawn	State OH OH	Zip Code 44333	Check Number Debit Card

Page Total \$ 1,138.08



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Susan Baker Ross for Judge</i>			
To Whom Paid <i>Sam's Club</i>		Date (MM/DD/YYYY) <i>05/26/2018</i>	Amount <i>331.46</i>
Street Address <i>3750 W. Market Street</i>		Purpose <i>Candy</i>	
City <i>Akron</i>	State OH	Zip Code <i>44333</i>	Check Number <i>Debit Card</i>
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
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 \$ *331.46*



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge					
From Whom Received J Wayne Baker			Prior Amount \$50,000.	Amt. Incurred this Period 0	
Street Address 33 N Portage Path #22				Outstanding Balance \$50,000.00	
City Akron	State OH	Zip Code 44303	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received			Prior Amount	Amt. Incurred this Period	
Street Address				Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ \$50,000.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 50,000.00 (also record on Form 30-A)



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge				
To Whom Paid Office Max		Date (MM/DD/YYYY) 06/07/2018		Amount 8.54
Street Address 37 N. Cleveland Massillon Rd		Purpose labels		
City AKRON	State OH	Zip Code 44333	Check Number Debit Card	
To Whom Paid USPS		Date (MM/DD/YYYY) 06/07/2018		Amount 42.00
Street Address 2054 2nd Str		Purpose Stamps		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number Debit CARD	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>Susan Baker Ross for Judge</i>				
Full Name of Contributor <i>Linda Baker</i>		Employer, Occupation, Labor Organization* <i>Customer Service Representat. us</i>		Registration Number, if PAC
Street Address <i>Apt 4424 5900 Father Caruso Dr</i>	Description of Item or Service <i>Labels</i>		Date (MM/DD/YYYY) <i>06/05/2018</i>	Fair Market Value <i>\$8.54</i>
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44102</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Linda Baker</i>		Employer, Occupation, Labor Organization* <i>Customer Service Representat. us</i>		Registration Number, if PAC
Street Address <i># 4424 5900 Father Caruso Dr</i>	Description of Item or Service <i>Postage</i>		Date (MM/DD/YYYY) <i>06/06/2018</i>	Fair Market Value <i>\$42.00</i>
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44102</i>	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	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		Date (MM/DD/YYYY)	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		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]