

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 At-Large</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 type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year <i>2018</i>
	<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	Y		

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	\$	<i>152.03</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>0</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>152.03</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>15.00</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>137.03</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>0</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>0</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>0</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>0</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>0</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>0</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 AKRON OHIO 44314

2019 JAN 23 PM 12:22

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SUMMIT COUNTY BOARD OF ELECTIONS

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
Print Name and Title (Treasurer and Deputy Treasurer only)

Judith Lynn Lee
Signature

1/22/19
Date

Contribution pages *0*

Expenditure pages *1*

Other pages *0*

Total pages *1*

The first part of the document
 discusses the general principles
 of the system. It is
 intended to provide a
 clear and concise
 overview of the
 subject matter.

The second part of the document
 describes the specific
 details of the system. It
 includes a detailed
 description of the
 components and their
 interactions.

The third part of the document
 discusses the implementation
 of the system. It
 provides a detailed
 description of the
 hardware and software
 requirements.

The fourth part of the document
 discusses the testing
 and validation of the
 system. It provides
 a detailed description
 of the test cases and
 the results of the
 tests.

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>Summit County Progressive Democrat PAC (sepd)</i>				M	D	Y	Amount <i>15.00</i>
Address <i>PO Box 477</i>				Purpose <i>Fundraiser</i>			
City <i>Bath</i>		State <i>OH</i>	Zip Code <i>44210</i>	Check Number <i>1123</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			
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.