

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Judith Ley
Name
(2) 17328 First Street
Address (number and street)
Montverde, FL 34756
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
9.22.2025

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: _____
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)
☐ Check here if PC or ECO has disbanded
☐ Check here if PTY has disbanded
☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 9/6/25 To 9/19/25 Report Type: 2025-M3

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , ____ , ____ . ____
 Loans \$ 0 , ____ , ____ . ____
 Total Monetary \$ 0 , ____ , ____ . ____
 In-Kind \$ 0 , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 499.20 8431 . ____
 Transfers to Office Account \$ ____ , ____ , ____ . ____
 Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 0 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 583.51 , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

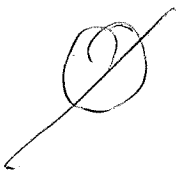
CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Judy Ley (2) I.D. Number _____
 (3) Cover Period 9/16/25 through 9/19/25 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/16/25	United States P.O. 17101 Porter Ave Montverde, FL 34756	Stamps	DIS		499.20
1					
9/16/25	Office Depot Highway 50 Clermont, FL	Ink	CAN		84.31
2					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Judith Ley (2) I.D. Number _____
 (3) Cover Period 9, 16, 25 through 9, 19, 25 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
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