

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Judy Ley  
 Name  
 (2) 1328 First St  
 Address (number and street)  
Montverde, FL 34756  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- |  |                      |  |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate  | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded                 |
| <input type="checkbox"/> Political Committee (PC)  |                      | <input type="checkbox"/> Check here if PTY has disbanded                       |
| <input type="checkbox"/> Electioneering Communications Org. (ECO)  |                      | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY)   |                      |  |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) |                      |  |

### (5) Report Identifiers

Cover Period: From 9/20/25 To 10/03/25 Report Type: 2024-M4

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks	\$	<del>_____</del>
Loans	\$	<del>_____</del>
Total Monetary	\$	<del>_____</del>
In-Kind	\$	<del>_____</del>

(7) Expenditures This Report

Monetary Expenditures	\$	<del>_____</del>
Transfers to Office Account	\$	<del>_____</del>
Total Monetary	\$	<del>_____</del>

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_

### (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

(Type name) Judy Ley  
 Candidate     Chairperson (only for PC and PTY)

X  
 Signature

X  
 Signature Judy Ley

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Judy Ley (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 20, 25 through 10, 3, 25 (4) Page 2 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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Judy Jay (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 9.20.25 through 10.3.25 (4) Page 3 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					
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