

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Judge Katarina Cook		Registration Number, if PAC	
Full Name of Candidate Katarina Vujic Cook			
Street Address 201 Hampshire Road		Office Sought Common Pleas Court-Domestic Relations Division	District Summit County
City Akron		State OH	Zip Code 44313
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination
	<input type="checkbox"/> Semiannual	Date of Election 03/08/16	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	\$	\$1,297.34
2. Total monetary contributions (From Form No. 31-A)	\$	\$5,595.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$6,892.34
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,190.03
6. Balance on hand (line 4 minus line 5)	\$	\$5,702.31
7. Value of in-kind contributions received (From Form No. 31-B-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-B-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$47,650.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$12,079.72
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

11,005 Au
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 MAR -3 PM 3:37

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.

Kevin M. Cook, Deputy Treasurer

Kevin M. Cook
Signature

3-3-2016
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 6

Expenditure pages 3

Other pages 29

Total pages 38

FOR PAPER FILING ONLY
Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Judge Katarina Cook						
To Whom Paid Expenditures from Form 31-F			M	D	Y	Amount
			0	12	16	\$537.03
Address		Purpose Breakfast Fundraiser-Jan. 28, 2016				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid Nemes Creative			M	D	Y	Amount
			0	12	16	\$75.00
Address 4554 Greenlawn Dr.		Purpose Photography				
City Stow	State OH	Zip Code 44224	Check Number 1312			
To Whom Paid NCBW (check outstanding)			M	D	Y	Amount
			0	12	16	\$25.00
Address 1419 Copley Road		Purpose Scholarship Fund Program				
City Akron	State OH	Zip Code 44320	Check Number 1313*			
To Whom Paid FOPA #6			M	D	Y	Amount
			0	12	16	\$50.00
Address 2610 Ley Dr.		Purpose Reverse Raffle Ticket				
City Akron	State OH	Zip Code 44319	Check Number 1314			
To Whom Paid Ancient Order of Hibernians			M	D	Y	Amount
			0	2	16	\$50.00
Address 2000 Brown St.		Purpose St. Patrick's Day Parade Fee				
City Akron	State OH	Zip Code 44319	Check Number 1316			
To Whom Paid Miracle Custom Awards & Gifts			M	D	Y	Amount
			0	2	16	\$100.00
Address 565 Wolf Ledges Pkwy		Purpose				
City Akron	State OH	Zip Code 44311	Check Number 1317			
To Whom Paid Stark Co. Bar Assn.			M	D	Y	Amount
			0	2	16	\$120.00
Address 116 Cleveland Ave, NW #400		Purpose 2 tickets-Law, Love & Chocolate Event				
City Canton	State OH	Zip Code 44702	Check Number 1318			
To Whom Paid Woodridge Interact Club			M	D	Y	Amount
			0	12	16	\$35.00
Address 4440 Quick Rd.		Purpose 2 Tickets-Empty Bowl Fundraiser				
City Peninsula	State OH	Zip Code 44264	Check Number 1319			

9992.03

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Judge Katarina Cook									
To Whom Paid Camp Quality (check outstanding)						M	D	Y	Amount \$50.00
Address 4450 Rex Lake Dr.				Purpose Sponsor-Polar Bear Jump					
City Akron		State OH	Zip Code 44319	Check Number 1320					
To Whom Paid Hudson Visitor Center						M	D	Y	Amount \$40.00
Address 89 First St, Ste 205				Purpose 2 tickets for Chocolate Walk					
City Hudson		State OH	Zip Code 44236	Check Number 1321					
To Whom Paid Love Akron						M	D	Y	Amount \$26.00
Address 39 East Market St.				Purpose 2 breakfast tickets					
City Akron		State OH	Zip Code 44308	Check Number 1322					
To Whom Paid Victim's Assistance (check outstanding)						M	D	Y	Amount \$34.00
Address 150 Furnace St.				Purpose Program Ad					
City Akron		State OH	Zip Code 44304	Check Number 1323					
To Whom Paid CHC Foundation (check outstanding)						M	D	Y	Amount \$17.00
Address 838 Coburn St.				Purpose Program Ad					
City Akron		State OH	Zip Code 44311	Check Number 1324					
To Whom Paid St. Paul AME- Harold K. Stubbs Award (check outstanding)						M	D	Y	Amount \$31.00
Address 1250 S. Hawkins Ave.				Purpose Program Ad					
City Akron		State OH	Zip Code 44320	Check Number 1325					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					

198.00

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Judge Katarina Cook													
From Whom Received Katarina Vujic Cook								Prior Amount \$47,650.00		Amt. Incurred this Period \$0.00			
Address 201 Hampshire Road										Outstanding Balance \$47,650.00			
City Akron		State OH		Zip Code 44313		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		013008											
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y

* 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).

¹ Total prior amount \$ \$47,650.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$47,650.00 (To Form No. 30-A)

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Judge Katarina Cook			
Full Name of Contributor		Registration Number, if PAC	
Karen Karas Burke			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4121 Ashbourne Court		01 28 16	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Copley	OH	44321	check
Full Name of Contributor		Registration Number, if PAC	
Robert Roe Fox			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2184 Dow Dr.	Leiby, Hanna, Rasnick, Towne, LLC	01 28 16	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44313	check
Full Name of Contributor		Registration Number, if PAC	
Beth Whitmore			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3346 S. Smith Road	9th District Ct of Appeals	01 28 16	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Fairlawn	OH	44333	check
Full Name of Contributor		Registration Number, if PAC	
Matthew T. Wright			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4588 Greenlawn Dr.		01 28 16	\$600.00
City	State	Zip Code	Form (Cash, Check, etc.)
Stow	OH	44224	check
Full Name of Contributor		Registration Number, if PAC	
Cara C. Kennerly-Ford			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
424 Merriman Road	Cara Ford, Atty-at-Law	01 28 16	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44303	check
Full Name of Contributor		Registration Number, if PAC	
Donald R. Hicks			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
159 S. Main St., #423	Donald R. Hicks, LLC	01 28 16	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44308	check
Full Name of Contributor		Registration Number, if PAC	
Stacy L. McGowan			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
209 S. Main St., 8th Floor	Stacy McGowan Atty-at-La'	01 28 16	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44308	check

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$1,225.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date <u>1/28/2016</u>
Page <u>6</u>

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge Katarina Cook				
Full Name of Contributor James S. Simon			Registration Number, if PAC	
Street Address 76 Edgerton Road	Employer/Occupation/Labor Organization* Buckingham, Doolittle		M D Y 0 1 28 16	Amount \$150.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Christina Barry			Registration Number, if PAC	
Street Address 2021 Forest Edge Dr.	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$25.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor R. Scot Harvey			Registration Number, if PAC	
Street Address 86 Menlo Park Dr.	Employer/Occupation/Labor Organization* Brouse McDowell		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Bonnie Childs			Registration Number, if PAC	
Street Address 296 Lake Pointe Dr.	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44333	Form (Cash, Check, etc.) check	
Full Name of Contributor Sarah M. Hurlburt			Registration Number, if PAC	
Street Address 2200 Ravenna St.	Employer/Occupation/Labor Organization* Sarah Hurlburt, LPA		M D Y 0 1 28 16	Amount \$150.00
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, etc.) check	
Full Name of Contributor Debra Helmkamp			Registration Number, if PAC	
Street Address 2045 Burlington Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$150.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Paul Grant			Registration Number, if PAC	
Street Address 209 S. Main St, 8th Fl, Ste 3	Employer/Occupation/Labor Organization* Law Offices of Paul Grant		M D Y 0 1 28 16	Amount \$500.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$1,125.00

FOR PAPER FILING ONLY

Event Date	1/28/16
Page	7

**Statement of Contributions Received
at a Social or Fund-Raising Event**

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge Katarina Cook												
Full Name of Contributor Rebecca D. Considine			Registration Number, if PAC									
Street Address 604 Merriman Road		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$200.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$200.00
M	D	Y	Amount									
0	1	28	\$200.00									
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check									
Full Name of Contributor Harry McKeen			Registration Number, if PAC									
Street Address 394 McGowan		Employer/Occupation/Labor Organization* Harry McKeen, Atty--at-Law		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$100.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$100.00
M	D	Y	Amount									
0	1	28	\$100.00									
City Akron	State OH	Zip Code 44306	Form (Cash, Check, etc.) cash									
Full Name of Contributor Jon Sinn			Registration Number, if PAC									
Street Address 137 S. Main St., Ste 300		Employer/Occupation/Labor Organization* Callahan, Sinn, Riley & Gre		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$100.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$100.00
M	D	Y	Amount									
0	1	28	\$100.00									
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) cash									
Full Name of Contributor Matt Hull			Registration Number, if PAC									
Street Address 5401 Tanager Ave		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$20.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$20.00
M	D	Y	Amount									
0	1	28	\$20.00									
City Canton	State OH	Zip Code 44705	Form (Cash, Check, etc.) cash									
Full Name of Contributor Phillip Vujanov			Registration Number, if PAC									
Street Address 2109 Braewick Cir, apt. 4		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$20.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$20.00
M	D	Y	Amount									
0	1	28	\$20.00									
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) cash									
Full Name of Contributor Kimberly Valenti			Registration Number, if PAC									
Street Address 8101 State Rte. 44		Employer/Occupation/Labor Organization* Kimberly Valenti, Atty		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$80.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$80.00
M	D	Y	Amount									
0	1	28	\$80.00									
City Ravenna	State OH	Zip Code 44266	Form (Cash, Check, etc.) cash									
Full Name of Contributor Michael E. George			Registration Number, if PAC									
Street Address 1700 W. Market St., Ste 201		Employer/Occupation/Labor Organization* Michael E. George, Atty		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>1</td> <td>28</td> <td>\$600.00</td> </tr> </table>	M	D	Y	Amount	0	1	28	\$600.00
M	D	Y	Amount									
0	1	28	\$600.00									
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check									

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

--

Total expenditures this event.

--

\$1,120.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 1/28/16
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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge Katarina Cook				
Full Name of Contributor Nowar Katirji			Registration Number, if PAC	
Street Address 1655 W. Market St, Ste. 238	Employer/Occupation/Labor Organization* Nowar Katirji, Atty-at-Law		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Robin L. Lombardi				
Full Name of Contributor Robin L. Lombardi			Registration Number, if PAC	
Street Address 194 Kenilworth Dr.	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Jaclyn Palumbo				
Full Name of Contributor Jaclyn Palumbo			Registration Number, if PAC	
Street Address 879 North Point Dr., Apt. A	Employer/Occupation/Labor Organization* Jaclyn Palumbo, Atty-at-La		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor James W. Armstrong				
Full Name of Contributor James W. Armstrong			Registration Number, if PAC	
Street Address 2101 Front St., STE 101	Employer/Occupation/Labor Organization* James W. Armstrong, Atty-		M D Y 0 1 28 16	Amount \$100.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, etc.) check	
Full Name of Contributor John H. Noethen				
Full Name of Contributor John H. Noethen			Registration Number, if PAC	
Street Address 884 Hunter Ridge Cir	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$75.00
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, etc.) check	
Full Name of Contributor Alison McCarty				
Full Name of Contributor Alison McCarty			Registration Number, if PAC	
Street Address 4728 North Ridge Dr.	Employer/Occupation/Labor Organization* Summit County		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44333	Form (Cash, Check, etc.) check	
Full Name of Contributor Kristen Kowalski				
Full Name of Contributor Kristen Kowalski			Registration Number, if PAC	
Street Address 333 S. Main St, #401	Employer/Occupation/Labor Organization* Kristen Kowalski, Atty-at-La		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$550.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date <u>1/28/16</u>
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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge Katarina Cook				
Full Name of Contributor Ruby T. Kofsky			Registration Number, if PAC	
Street Address 1931 Lakeview Dr.	Employer/Occupation/Labor Organization*		M D Y 0 0 28 0	Amount \$75.00
City Akron	State OH	Zip Code 44333	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert S. thomas, II			Registration Number, if PAC	
Street Address 754 Merriman Road.	Employer/Occupation/Labor Organization* Thomas, Trattner & Malone		M D Y 0 1 28 16	Amount \$200.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey N. James			Registration Number, if PAC	
Street Address 137 S. Main St., Ste 206	Employer/Occupation/Labor Organization* Jeffrey N. James, Atty-at-L:		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check	
Full Name of Contributor Scott A. Riley			Registration Number, if PAC	
Street Address 137 S. Main St., Ste 300	Employer/Occupation/Labor Organization* Scott A. Riley, Atty		M D Y 0 1 28 16	Amount \$75.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check	
Full Name of Contributor Scott A. Gale			Registration Number, if PAC	
Street Address 801 Geddes Bluff	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$75.00
City Sagamore Hills	State OH	Zip Code 44067	Form (Cash, Check, etc.) check	
Full Name of Contributor Katherine S. LeTarte			Registration Number, if PAC	
Street Address 180 W. Fairlawn Blvd	Employer/Occupation/Labor Organization*		M D Y 0 1 28 16	Amount \$150.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert G. Heffern			Registration Number, if PAC	
Street Address 1235 Romaine Dr.	Employer/Occupation/Labor Organization* Akron Legal News		M D Y 0 1 28 16	Amount \$600.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

\$1,250.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 1/28/16
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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge Katarina Cook			
Full Name of Contributor Russell Platt		Registration Number, if PAC	
Street Address 4255 Scarlet Oak Dr.	Employer/Occupation/Labor Organization*		M D Y Amount 0 2 12 16 \$250.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, etc.) money order
Full Name of Contributor Eddie Sipplen		Registration Number, if PAC	
Street Address 1655 W. Market St., Ste 240	Employer/Occupation/Labor Organization* Eddie Sipplen Atty-at-Law, LLC		M D Y Amount 0 1 28 16 \$75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC b	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State OH	Zip Code 44333	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) check

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

5595.00

Total expenditures this event.

558.49

\$325.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Judge Katarina Cook							
To Whom Paid Akron Family Restaurant				M	D	Y	Amount \$537.03
Address 250 W. Market St.		Purpose Food & Service					
City Akron		State OH	Zip Code 44303	Check Number 1315			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	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.

\$537.03
Page Total \$ _____

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Friends of Judge Katarina Cook									
To Whom Owed Katarina Cook					Prior Amount \$12,013.26			Amt. Incurred this Period \$35.00	
Address 201 Hampshire Road					Item or Purpose of Debt Email service			Outstanding Balance	
City Akron			State OH		Zip Code 44313		Payments This Period		
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Katarina Cook					Prior Amount			Amt. Incurred this Period \$21.46	
Address (same)					Item or Purpose of Debt Fundraiser Food Extra			Outstanding Balance	
City			State OH		Zip Code		Payments This Period		
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Katarina Cook					Prior Amount			Amt. Incurred this Period \$10.00	
Address (same)					Item or Purpose of Debt CWF Lunch			Outstanding Balance \$12,079.72	
City			State OH		Zip Code		Payments This Period		
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 12,079.72 (also record on cover page)