

# FOR PAPER FILING ONLY

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

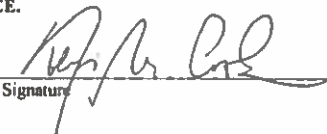
Full Name of Committee <b>Friends of Judge Katarina Cook</b>						Registration Number, if PAC				
Full Name of Candidate <b>Katarina Vujic Cook</b>										
Street Address <b>201 Hampshire Road</b>				Office Sought <b>Common Pleas Court-Domestic Relations Division</b>		District <b>Summit County</b>				
City <b>Akron</b>				State <b>OH</b>		Zip Code <b>44313</b>				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<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		0 <sup>M</sup> 3 <sup>D</sup> 15 <sup>Y</sup> 16				

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.

#11,064 AVC  
SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO  
2016 APR 22 PM 3:51

1. Amount brought forward from last report	\$	\$5,702.31
2. Total monetary contributions (From Form No. 31-A)	\$	\$6,220.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$11,922.31
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,945.13
6. Balance on hand (line 4 minus line 5)	\$	\$9,977.18
7. Value of in-kind contributions received (From Form No. 31-F)	\$	\$949.00
8. Value of in-kind contributions made (From Form No. 31-J-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)	\$	\$11,293.88
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.	\$	

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  4.22.2016  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 10

Expenditure pages 4

Other pages 51

Total pages 65

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>			
Full Name of Contributor <b>Contributions from Form 31-E</b>			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y <b>03   04   16</b> Amount <b>\$6,220.00</b>
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	Zip Code	M   D   Y 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)]

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>						
To Whom Paid <b>Pawsabilites-Human Society of Greater Akron</b>			M	D	Y	Amount
			02	25	16	\$50.00
Address <b>7996 Darrow Road</b>		Purpose <b>Bow Wow Bingo Event</b>				
City <b>Twinsburg</b>	State <b>OH</b>	Zip Code <b>44087</b>	Check Number <b>1326</b>			
To Whom Paid <b>USPS</b>			M	D	Y	Amount
			02	27	16	\$49.00
Address <b>Fairlawn Post Office</b>		Purpose <b>Postage</b>				
City <b>Fairlawn</b>	State <b>OH</b>	Zip Code <b>44333</b>	Check Number <b>1327</b>			
To Whom Paid <b>Expenditures from Form 31-F</b>			M	D	Y	Amount
			03	04	16	\$53.98
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid <b>Centenary United Methodist Church</b>			M	D	Y	Amount
			03	06	16	\$35.00
Address <b>1310 Superior Ave</b>		Purpose <b>Dinner Ticket-Donaiton</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44320</b>	Check Number <b>1329</b>			
To Whom Paid <b>Power Media</b>			M	D	Y	Amount
			03	11	16	\$250.00
Address <b>546 Grant St.</b>		Purpose <b>Banner &amp; Magnets</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>1330</b>			
To Whom Paid <b>Miracle Custom Awards</b>			M	D	Y	Amount
			03	11	16	\$220.00
Address <b>565 Wolf Ledges</b>		Purpose <b>Stickers</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>1331</b>			
To Whom Paid <b>Sam's Club</b>			M	D	Y	Amount
			03	12	16	\$149.85
Address <b>3750 West Market St.</b>		Purpose <b>Parade Candy</b>				
City <b>Fairlawn</b>	State <b>OH</b>	Zip Code <b>44333</b>	Check Number <b>1332</b>			
To Whom Paid <b>Akron Woman's City Club</b>			M	D	Y	Amount
			03	12	16	\$100.00
Address <b>732 W. Exchange St</b>		Purpose <b>2 Dinner Tickets</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44302</b>	Check Number <b>1333</b>			

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>						
To Whom Paid <b>Clearview Legacy Foundation</b>			M	D	Y	Amount
			0	3	19	\$40.00
Address <b>8410 Lincoln St.</b>		Purpose <b>Women's Veteran's Luncheon</b>				
City <b>East Canton</b>	State <b>OH</b>	Zip Code <b>44730</b>	Check Number <b>1334</b>			
To Whom Paid <b>CVCA</b>			M	D	Y	Amount
			0	3	19	\$150.00
Address <b>4687 Wyoga Lake Road</b>		Purpose <b>Fundraiser Tickets</b>				
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44224</b>	Check Number <b>1335</b>			
To Whom Paid <b>Lightyear Printing</b>			M	D	Y	Amount
			0	3	22	\$70.06
Address <b>2086 Romig Road</b>		Purpose <b>Printing cards</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44320</b>	Check Number <b>1336</b>			
To Whom Paid <b>Barberton Jaycees-(*check outstanding)</b>			M	D	Y	Amount
			0	3	22	\$40.00
Address <b>600 W. Park Ave</b>		Purpose <b>Parade Application Fee</b>				
City <b>Barberton</b>	State <b>OH</b>	Zip Code <b>44203</b>	Check Number <b>1337*</b>			
To Whom Paid <b>Katarina Vujic Cook</b>			M	D	Y	Amount
			0	3	23	\$277.24
Address <b>201 Hampshire Road</b>		Purpose <b>Reimbursement for debts</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	Check Number <b>1338</b>			
To Whom Paid <b>Project Grad</b>			M	D	Y	Amount
			0	3	25	\$40.00
Address <b>400 W. Market St., Ste 1</b>		Purpose <b>Project Gradness Event</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>1339</b>			
To Whom Paid <b>Greenleaf Family Center</b>			M	D	Y	Amount
			0	4	02	\$20.00
Address <b>580 Grant St.</b>		Purpose <b>Night at the Races Event Ticket</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>1340</b>			
To Whom Paid <b>Falls Cancer Club</b>			M	D	Y	Amount
			0	4	04	\$50.00
Address <b>P.O. Box 3244</b>		Purpose <b>1/4 Page Ad for Battle of Badges Event</b>				
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>1341</b>			

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>						
To Whom Paid <b>St. Vincent-St. Mary High School</b>			M	D	Y	Amount
			0	4	11	\$250.00
Address <b>15 N. Maple St.</b>		Purpose <b>2 Showcase Tickets</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>1342</b>			
To Whom Paid <b>Victim's Assistance</b>			M	D	Y	Amount
			0	4	12	\$50.00
Address <b>150 Furnace St.</b>		Purpose <b>2 tickets for Victim's Rights Week Luncheon</b>				
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44304</b>	Check Number <b>1343</b>			
To Whom Paid <b>Stow Munroe Falls Library Foundation (*Check outstanding)</b>			M	D	Y	Amount
			0	4	14	\$50.00
Address <b>3512 Darrow Road</b>		Purpose <b>Dessert Fundraiser Ticket</b>				
City <b>Stow</b>	State <b>OH</b>	Zip Code <b>44224</b>	Check Number <b>1344*</b>			
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City						
To Whom Paid			M	D	Y	Amount
Address						
City <b>Akron</b>						
To Whom Paid			M	D	Y	Amount
Address						
City						

# FOR PAPER FILING ONLY

## Statement of Loans Received

Prescribed by Secretary of State 3/05

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

\* 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)

- <sup>1</sup> Total prior amount \$ \$47,650.00
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$47,650.00 (To Form No. 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Judge Katarina Cook			
Full Name of Contributor L. Tunnell		Registration Number, if PAC	
Street Address 1865 Brookwood Dr.	Employer/Occupation/Labor Organization*	M   D   Y 03   04   16	Amount \$200.00
City Akron	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) check
Full Name of Contributor EJ Moriarty		Registration Number, if PAC	
Street Address 78 Falling Water Circle		Registration Number, if PAC	
Street Address 78 Falling Water Circle	Employer/Occupation/Labor Organization*	M   D   Y 03   04   16	Amount \$100.00
City Munroe Falls	State OH <input checked="" type="checkbox"/>	Zip Code 44262	Form (Cash, Check, etc.) check
Full Name of Contributor Thomas Watkins		Registration Number, if PAC	
Street Address 3393 Churchill Downs		Registration Number, if PAC	
Street Address 3393 Churchill Downs	Employer/Occupation/Labor Organization* Attorney	M   D   Y 03   04   16	Amount \$50.00
City Stow	State OH <input checked="" type="checkbox"/>	Zip Code 44224	Form (Cash, Check, etc.) check
Full Name of Contributor Trina Carter		Registration Number, if PAC	
Street Address 731 N. Munroe Road		Registration Number, if PAC	
Street Address 731 N. Munroe Road	Employer/Occupation/Labor Organization* Attorney	M   D   Y 03   04   16	Amount \$100.00
City Tallmadge	State OH <input checked="" type="checkbox"/>	Zip Code 44278	Form (Cash, Check, etc.) check
Full Name of Contributor Amy Schwan		Registration Number, if PAC	
Street Address 142 Westover Dr.		Registration Number, if PAC	
Street Address 142 Westover Dr.	Employer/Occupation/Labor Organization*	M   D   Y 03   04   16	Amount \$50.00
City Akron	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) cash
Full Name of Contributor Amanda Hagen		Registration Number, if PAC	
Street Address 30 Harcourt Drive		Registration Number, if PAC	
Street Address 30 Harcourt Drive	Employer/Occupation/Labor Organization*	M   D   Y 03   04   16	Amount \$35.00
City Akron	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) Check
Full Name of Contributor Amber Crowe		Registration Number, if PAC	
Street Address 742 Leeman Drive		Registration Number, if PAC	
Street Address 742 Leeman Drive	Employer/Occupation/Labor Organization*	M   D   Y 03   04   16	Amount \$35.00
City Akron	State OH <input checked="" type="checkbox"/>	Zip Code 44319	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

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Total expenditures this event.

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	Page Total \$ <b>\$570.00</b>
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# 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 <b>Friends of Judge Katarina Cook</b>				
Full Name of Contributor <b>Debbie Walsh</b>			Registration Number, if PAC	
Street Address <b>38 Kuder Ave.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Scot Harvey</b>			Registration Number, if PAC	
Street Address <b>38 S. Main St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44311</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Ruby Kofsky</b>			Registration Number, if PAC	
Street Address <b>1931 Lakeview Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Alison McCarty</b>			Registration Number, if PAC	
Street Address <b>-201 Hampshire Rd-</b>	Employer/Occupation/Labor Organization* <b>-Attorney-</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>-44313-</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Jaclyn Palumbo</b>			Registration Number, if PAC	
Street Address <b>2054 2nd St.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44222</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Ken Spahr</b>			Registration Number, if PAC	
Street Address <b>3700 Buckworth Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Stow</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44224</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>William Vasiliou</b>			Registration Number, if PAC	
Street Address <b>54 E. Mill St, #400</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$300.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>Check</b>	

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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.

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	<b>\$800.00</b>
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Page Total \$



# 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 <b>Friends of Judge Katarina Cook</b>					
Full Name of Contributor <b>Justin Barnhart</b>				Registration Number, if PAC	
Street Address <b>18 River Ridge Lane</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$35.00</b>
City <b>Munroe Falls</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44262</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>G. Michael Hoover</b>				Registration Number, if PAC	
Street Address <b>489 Crestview Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44320</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Nomar Katirji</b>				Registration Number, if PAC	
Street Address <b>1655 W. MARKET ST. STE 20</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44313</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>John Noethen</b>				Registration Number, if PAC	
Street Address <b>884 Hynter Ridge Circle</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Fairlawn</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Eric J. Harsey</b>				Registration Number, if PAC	
Street Address <b>2150 Front St, Suite A</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Cuyahoga Falls</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44222</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Brian Ashton</b>				Registration Number, if PAC	
Street Address <b>302 Baronsway Drive</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Cuyahoga Falls</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44223</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Joshua Sines</b>				Registration Number, if PAC	
Street Address <b>1392 N. Howard St.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44310</b>	Form (Cash, Check, etc.) <b>Check</b>	

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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.

Page Total \$
**\$335.00**

**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	
Tamara O'Brien			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1625 Orchard Dr.		03   04   16	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH <input checked="" type="checkbox"/>	44333	check
Full Name of Contributor		Registration Number, if PAC	
Theodore Lesiak			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
225 South Rose Blvd	Attorney	03   04   16	\$70.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH <input checked="" type="checkbox"/>	44313	check
Full Name of Contributor		Registration Number, if PAC	
Ted Schneiderman			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
100 Schocolog		03   04   16	\$120.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH <input checked="" type="checkbox"/>	44313	check
Full Name of Contributor		Registration Number, if PAC	
Julie A. Schafer			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
8320 Wilhite Dr.		03   04   16	\$80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Wadsworth	OH <input checked="" type="checkbox"/>	44281	check
Full Name of Contributor		Registration Number, if PAC	
Rhonda Kotnik			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
4620 Jupiter Road	Attorney	03   04   16	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH <input checked="" type="checkbox"/>	44685	check
Full Name of Contributor		Registration Number, if PAC	
Diane Heffern			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1235 Romaine Dr.		03   04   16	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH <input checked="" type="checkbox"/>	44313	check
Full Name of Contributor		Registration Number, if PAC	
Elizabeth Parker			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1865 Brookwood Dr.		03   04   16	\$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH <input checked="" type="checkbox"/>	44313	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

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Total expenditures this event.

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Page Total \$	\$820.00
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# FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date <b>3/4/16</b>
Page <b>11</b>

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>			
Full Name of Contributor <b>William Lanzinger</b>		Registration Number, if PAC	
Street Address <b>202 Melody Lane</b>	Employer/Occupation/Labor Organization*	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$300.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Donald R. Hicks</b>		Registration Number, if PAC	
Street Address <b>134 Colony Dr.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$100.00</b>
City <b>Hudson</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44236</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Robin Lombardi</b>		Registration Number, if PAC	
Street Address <b>194 Kenilworth Dr</b>	Employer/Occupation/Labor Organization*	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$40.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44313</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Matthew A. Smith</b>		Registration Number, if PAC	
Street Address <b>22193 Westwood Dr.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$85.00</b>
City <b>Strongsville</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44149</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Jessica Buchanan</b>		Registration Number, if PAC	
Street Address <b>8801 Kelly Lane</b>	Employer/Occupation/Labor Organization*	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$100.00</b>
City <b>Streetsboro</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44221</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Jason Wells</b>		Registration Number, if PAC	
Street Address <b>3340 Hemphill</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$100.00</b>
City <b>Norton</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44203</b>	Form (Cash, Check, etc.) <b>Cash</b>
Full Name of Contributor <b>John Sans</b>		Registration Number, if PAC	
Street Address <b>355 Storer Ave</b>	Employer/Occupation/Labor Organization*	M <b>03</b> D <b>04</b> Y <b>16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44320</b>	Form (Cash, Check, etc.) <b>check</b>

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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

\$775.00

Total expenditures this event.

\$0.00

# FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date <u>3/4/16</u>
Page <u>12</u>

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>				
Full Name of Contributor <b>Daniel Bache</b>			Registration Number, if PAC	
Street Address <b>90 Devon Lane #101</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$250.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44313</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Justin Powell</b>			Registration Number, if PAC	
Street Address <b>827 Park Harbour Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Youngstown</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44512</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Stacy McGowan</b>			Registration Number, if PAC	
Street Address <b>670 Crossings Circle</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Tallmadge</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44278</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Leonard Hazelett</b>			Registration Number, if PAC	
Street Address <b>9442 State Route 43</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Streetsboro</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44241</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Annette Powers</b>			Registration Number, if PAC	
Street Address <b>1190 Jefferson Ave</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44320</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Charles Altweis</b>			Registration Number, if PAC	
Street Address <b>2950 Cedar Hill Road</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44223</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Shubra Agarwal</b>			Registration Number, if PAC	
Street Address <b>3136 Preakness</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$35.00</b>
City <b>Stow</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44224</b>	Form (Cash, Check, etc.) <b>check</b>	

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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.

Page Total \$ **\$585.00**

# 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 <b>Friends of Judge Katarina Cook</b>			
Full Name of Contributor <b>Todd M. McKenney</b>		Registration Number, if PAC	
Street Address <b>5706 Sherwood Forest Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Richard Mathern</b>		Registration Number, if PAC	
Street Address <b>4368 Norona Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>03   04   16</b>	Amount <b>\$85.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44224</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Michael D'Attoma</b>		Registration Number, if PAC	
Street Address <b>2626 Wright Road</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44320</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Glen E. Waddle</b>		Registration Number, if PAC	
Street Address <b>200 Laurel Lake Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Hydson</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44236</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Noah Munyer</b>		Registration Number, if PAC	
Street Address <b>54 E. Mill St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Jacob Will</b>		Registration Number, if PAC	
Street Address <b>116 Cleveland Ave Ste 808</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Canton</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44702</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Jason Wallace</b>		Registration Number, if PAC	
Street Address <b>50 S. Main St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$250.00</b>
City <b>Akron</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>check</b>

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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

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Total expenditures this event.

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Page Total \$	<b>\$835.00</b>
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# FOR PAPER FILING ONLY

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

Event Date <b>3/4/16</b>
Page <b>M</b>

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>				
Full Name of Contributor <b>Michael Washington</b>			Registration Number, if PAC	
Street Address <b>1721 12th St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Nicholas Swyrydenko</b>			Registration Number, if PAC	
Street Address <b>137 S. Main St.</b>	Employer/Occupation/Labor Organization* <b>Akron</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>William Price</b>			Registration Number, if PAC	
Street Address <b>6105 Parkland Blvd</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Mayfield Heights</b>	State <b>OH</b>	Zip Code <b>44236</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Chris VanDevere</b>			Registration Number, if PAC	
Street Address <b>7038 Hills &amp; Dales Road, NW, Apt. D-23</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Clinton</b>	State <b>OH</b>	Zip Code <b>44216</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Sarah Hurlburt</b>			Registration Number, if PAC	
Street Address <b>2200 Ravenna St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Hudson</b>	State <b>OH</b>	Zip Code <b>44236</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Wesley Buchanan</b>			Registration Number, if PAC	
Street Address <b>8801 Kelly Lane</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Streetsboro</b>	State <b>OH</b>	Zip Code <b>44241</b>	Form (Cash, Check, etc.) <b>cash</b>	
Full Name of Contributor <b>Charles Roman</b>			Registration Number, if PAC	
Street Address <b>63 Grand Ave</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>cash</b>	

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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

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Total expenditures this event.

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Page Total \$ <b>\$550.00</b>
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# FOR PAPER FILING ONLY

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

Event Date 3/4/16  
Page 15

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>			
Full Name of Contributor <b>George Keith</b>		Registration Number, if PAC	
Street Address <b>135 Portage Trail</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$600.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44221</b>	Form (Cash, Check, etc.) <b>check</b>
Full Name of Contributor <b>Lesley Weigand</b>		Registration Number, if PAC	
Street Address <b>6055 Rockside Woods Blvd, Ste 200</b>	Employer/Occupation/Labor Organization* <b>Atty</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Cleveland</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44131</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Michael Wartko</b>		Registration Number, if PAC	
Street Address <b>3736 Broadvista NW</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$50.00</b>
City <b>Uniontown</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>Kristopher Immel</b>		Registration Number, if PAC	
Street Address <b>6317 Mulberry Bend Dr.</b>	Employer/Occupation/Labor Organization* <b>Atty</b>	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Medina</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44256</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor <b>James Hill</b>		Registration Number, if PAC	
Street Address <b>2618 Barlow Road</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>03   04   16</b>	Amount <b>\$100.00</b>
City <b>Hudson</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>44236</b>	Form (Cash, Check, etc.) <b>cash</b>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)

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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  

\$6,220.00
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Total expenditures this event  

71.72
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Page Total \$ **\$950.00**

**Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>							
To Whom Paid <b>Dollar General</b>				M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>04</b>	<b>\$17.74</b>
Address <b>1741 State Road</b>		Purpose <b>Paper Products for Fundraiser</b>					
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>CC- *</b>				
To Whom Paid <b>Giant Eagle</b>				M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>04</b>	<b>\$53.98</b>
Address <b>4036 Portage Crossing</b>		Purpose <b>Cupcakes</b>					
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>1328</b>				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
<b>OH</b>							
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
<b>OH</b>							
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
<b>OH</b>							
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
<b>OH</b>							
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
<b>OH</b>							

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.

**\$71.72**  
Page Total \$ \_\_\_\_\_



# FOR PAPER FILING ONLY

## In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Judge Katarina Cook</b>			
Full Name of Contributor <b>Callahan, Greven, Rilley &amp; Sinn, LLC</b>		Employer, Occupation, Labor Organization* <b>Attorneys</b>	
Street Address <b>137 S. Main St., Ste 300</b>		Description of Item or Service <b>Food Bill at Hibernian Club</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Callahan, Greven, Rilley &amp; Sinn, LLC</b>		Employer, Occupation, Labor Organization* <b>Attorneys</b>	
Street Address <b>137 S. Main St., Ste 300</b>		Description of Item or Service <b>Bar Bill at Hibernian Club</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Judge Katarina Cook</b>											
To Whom Owed <b>Katarina Cook</b>					Prior Amount <b>\$12,013.26</b>			Amt. Incurred this Period <b>\$35.00</b>			
Address <b>201 Hampshire Road</b>					Item or Purpose of Debt <b>Email service</b>			Outstanding Balance			
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
<b>01 22 16</b>					<b>03</b>	<b>23</b>	<b>16</b>				
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed <b>Katarina Cook</b>					Prior Amount			Amt. Incurred this Period <b>\$21.46</b>			
Address <b>(same)</b>					Item or Purpose of Debt <b>Fundraiser Food Extra</b>			Outstanding Balance			
City		State <b>OH</b>	Zip Code		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
<b>01 28 16</b>					<b>03</b>	<b>23</b>	<b>16</b>				
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed <b>Katarina Cook</b>					Prior Amount			Amt. Incurred this Period <b>\$10.00</b>			
Address <b>(same)</b>					Item or Purpose of Debt <b>CWF Lunch</b>			Outstanding Balance <b>\$12,079.72</b>			
City		State <b>OH</b>	Zip Code		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
<b>02 17 16</b>					<b>03</b>	<b>23</b>	<b>16</b>				
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 \$ 277.24 (also record on Form 31-B)

Total Outstanding Balance \$ \_\_\_\_\_ (also record on cover page)

# FOR PAPER FILING ONLY

31-N  
R.C. 3517.10

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## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Judge Katarina Cook</b>												
To Whom Owed <b>Katarina Vujic Cook</b>					Prior Amount <b>\$11,802.48</b>			Amt. Incurred this Period <b>\$169.78</b>				
Address <b>201 Hampshire Road</b>					Item or Purpose of Debt <b>Go Daddy-website</b>			Outstanding Balance				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period							
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$	
					0	3	05	15	03	23	16	169.78
Registration Number, if PAC					M	D	Y					
					M	D	Y					
To Whom Owed <b>Katarina Vujic Cook</b>					Prior Amount			Amt. Incurred this Period <b>\$41.00</b>				
Address <b>201 Hampshire Road</b>					Item or Purpose of Debt <b>P.O. Box Fee</b>			Outstanding Balance <b>\$12,013.28</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period							
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$	
					11	05	15	03	23	16	41.00	
Registration Number, if PAC					M	D	Y					
					M	D	Y					
To Whom Owed					Prior Amount			Amt. Incurred this Period				
Address					Item or Purpose of Debt			Outstanding Balance				
City		State	Zip Code		Payments This Period							
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	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 \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ \_\_\_\_\_ (also record on cover page)

# FOR PAPER FILING ONLY

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R.C. 3517.10

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## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Judge Katarina Cook Committee</b>							
To Whom Owed <b>Katarina Vujic Cook</b>				Prior Amount <b>\$11,202.48</b>		Amt. Incurred this Period <b>\$8.57</b>	
Address <b>201 Hampshire Road</b>				Item or Purpose of Debt <b>Facebook ad</b>		Outstanding Balance	
City <b>Akron</b>		Sta te <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
					Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
<b>0 2 28 16</b>							
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>(same as above)</b>				Prior Amount		Amt. Incurred this Period <b>\$25.09</b>	
Address				Item or Purpose of Debt <b>Facebook Ad</b>		Outstanding Balance	
City		Sta te	Zip Code		Payments This Period		
		<b>OH</b>			Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
<b>0 3 03 16</b>							
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>(same as above)</b>				Prior Amount		Amt. Incurred this Period <b>\$35.00</b>	
Address				Item or Purpose of Debt <b>Email service</b>		Outstanding Balance	
City		Sta te	Zip Code		Payments This Period		
		<b>OH</b>			Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
<b>0 2 26 16</b>							
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 \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ \_\_\_\_\_ (also record on cover page)

# FOR PAPER FILING ONLY

31-N  
R.C. 3517.10

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## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Judge Katarina Cook Committee</b>							
To Whom Owed <b>Katarina Vujic Cook</b>				Prior Amount		Amt. Incurred this Period <b>\$17.74</b>	
Address <b>201 Hampshire Road</b>				Item or Purpose of Debt <b>Paper Products for Fundraiser</b>		Outstanding Balance	
City <b>Akron</b>		Sta te <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y
		<b>0</b>	<b>3</b>	<b>04</b>	<b>1</b>	<b>6</b>	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>(same as above)</b>				Prior Amount		Amt. Incurred this Period <b>\$5.00</b>	
Address				Item or Purpose of Debt <b>Email Service</b>		Outstanding Balance	
City		Sta te	Zip Code		Payments This Period		
		<b>OH</b>			Date		Amount
Date Debt was originally Incurred		M	D	Y	M	D	Y
		<b>0</b>	<b>3</b>	<b>22</b>	<b>1</b>	<b>6</b>	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te	Zip Code		Payments This Period		
		<b>OH</b>			Date		Amount
Date Debt was originally Incurred		M	D	Y	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 \$ 11,293.<sup>25</sup> (also record on cover page)