

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Becki Kovach						Registration Number, if PAC								
Full Name of Candidate Becki Joyce Kovach														
Street Address 10291 Smugglers Cove				Office Sought Council		District REM								
City Reminderville				State OH	Zip Code 44202									
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 type="checkbox"/>	Annual Year				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual 2017				
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		1	M	1	0	D	7	1	Y	7

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$285.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$285.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$285.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
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.	\$	\$

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SUMMIT COUNTY
BOARD OF ELECTIONS

10520

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COUNTY OF SUMMIT, OHIO
AKRON, OHIO

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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.

Becki Joyce Kovach

Becki J. Kovach

07/25/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 0

Other pages 0

Total pages 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Becki Kovach							
Full Name of Contributor Lillian Vidakovich						Registration Number, if PAC	
Street Address 7000 W. Cross Creek Trail				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Brecksville		State OH	Zip Code 44141	M 0	D 6	Y 3	Amount \$10.00
Full Name of Contributor Kevin M. Kennedy						Registration Number, if PAC	
Street Address 6049 Barton Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City North Olmsted		State OH	Zip Code 44070	M 0	D 7	Y 0	Amount \$100.00
Full Name of Contributor Carol A. Pucci						Registration Number, if PAC	
Street Address 525 Tuxedo Avenue				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Brooklyn Heights		State OH	Zip Code 44131	M 0	D 7	Y 0	Amount \$100.00
Full Name of Contributor Criag J. Soltis						Registration Number, if PAC	
Street Address 25 S. Oakmont Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Northfield		State OH	Zip Code 44067	M 0	D 7	Y 0	Amount \$50.00
Full Name of Contributor Michael J. Cohn						Registration Number, if PAC	
Street Address 1169 Meadow Woods Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Macedonia		State OH	Zip Code 44056	M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	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 OH	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 OH	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)]