



Committee Name Friends of Catherine Konopka		Office Sought Board of Education		District Copley-Fairlawn	
Street Address 4674 Remmington Ave		City Copley	State OH	Zip 44321	
Candidate Name OR PAC Registration Number Catherine Konopka		Treasurer Name Catherine Konopka		Election Date (MM/DD/YYYY) 11/07/2017	

Type of Report (choose one):

Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

July Monthly
 August Monthly
 September Monthly

Year 2017

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	484.28
3. Total other income (From Form 31-A-2)	2500.00
4. Total funds available (sum of lines 1,2, and 3)	2984.28
5. Total monetary expenditures (From Forms 31-B and 31-F)	312.88
6. Balance on hand (line 4 minus line 5)	2651.40
7. Value of in-kind contributions received (From Form 31-J-1)	\$573.48
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	2500.00
10. Outstanding debts owed by committee (From Form 31-N)	1380.00
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2017 OCT 24 AM 11:53

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THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Catherine Konopka
Signature of Treasurer or Deputy Treasurer

10/24/2017
Date (MM/DD/YYYY)

Contribution Pages 4	Expenditure Pages 12	Other Pages 3	Total Pages 8
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Catherine Konopka				
Full Name of Contributor Nancy Konopka			Registration Number, if PAC	
Street Address 100406 East Kase Blvd		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Kennewick	State WA	Zip Code 99338	Date (MM/DD/YYYY) 10/10/2017	Amount \$100.00
Full Name of Contributor Ali Orr			Registration Number, if PAC	
Street Address 4378 Cypress Court		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 10/16/2017	Amount 25.00
Full Name of Contributor David Konopka			Registration Number, if PAC	
Street Address 460 Munroe Falls Avenue, Apt 5		Employer/Occupation/Labor Organization* Physician - PES, Inc.		Form (Cash, Check, etc.) Credit Card
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 10/09/2017	Amount 183.90
Full Name of Contributor Tessa Tegal			Registration Number, if PAC	
Street Address 540 San Pier Dr.		Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.) Credit Card
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/09/2017	Amount 18.12
Full Name of Contributor Salma Bakht			Registration Number, if PAC	
Street Address 5621 5th Road South		Employer/Occupation/Labor Organization* Lawyer, self-employed		Form (Cash, Check, etc.) Credit Card
City Arlington	State VA	Zip Code 22204	Date (MM/DD/YYYY) 10/08/2017	Amount 22.73

*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)]



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Catherine Konopka				
Full Name of Contributor Sonja Crooks			Registration Number, if PAC	
Street Address 4352 Oakmont Drive		Employer/Occupation/Labor Organization* Civil engineer, Aecom		Form (Cash, Check, etc.) Credit card
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 09/26/2017	Amount 22.73
Full Name of Contributor Vibha Soni			Registration Number, if PAC	
Street Address 3606 Torrey Pines Dr.		Employer/Occupation/Labor Organization* IT - JM Smuckers		Form (Cash, Check, etc.) Credit Card
City Fairlawn	State OH	Zip Code 44333	Date (MM/DD/YYYY) 09/26/2017	Amount 91.80
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.) check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State VA	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Other Income

Form 31-A-2
R.C. 3517.10(B)

Full Name of Committee Friends of Catherine Konopka			
Full Name of Contributor Catherine Konopka		Registration Number, if PAC	
Street Address 4674 Remmington Ave	Type* Loan Payments Received	Date (MM/DD/YYYY) 09/11/2017	Form (Cash, Check, etc.) Check
City Copley	State OH	Zip Code 44321	Amount 2500.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Catherine Konopka			
To Whom Paid Leader Publications		Date (MM/DD/YYYY) 10/06/2017	Amount 312.88
Street Address 3075 Smith Rd		Purpose Flyer distribution	
City Fairlawn	State OH	Zip Code 44333	Check Number 89
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 312.88



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Catherine Konopka				
Full Name of Contributor Catherine Konopka		Employer, Occupation, Labor Organization* University of Akron, <i>Instructor</i>		Registration Number, if PAC
Street Address 4674 Remmington Ave	Description of Item or Service 10,000 Flyers purchased from Hotcards.com		Date (MM/DD/YYYY) 09/29/2017	Fair Market Value 573.48
City Copley	State OH	Zip Code 44321	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City Copley	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Catherine Konopka					
From Whom Received Catherine Konopka				Prior Amount 0	Amt. Incurred this Period 2500.00
Street Address 4674 Remmington Ave					Outstanding Balance 2500.00
City Copley	State OH	Zip Code 44321	Loans Received This Period		Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) 09/11/2017	Date of Loan (MM/DD/YYYY) 09/11/2017	Amount 2500.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization* University of Akron / Instructor			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 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)]

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).

Total Prior Amount \$ 0

Total Received This Period \$2500.00 (also record on Form 31-A-2)

Total Payments Received this Period \$0 (also record on Form 31-B)

Total Outstanding Balance \$ 2500.00 (also record on Form 30-A)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Friends of Catherine Konopka				
To Whom Owed Catherine Konopka			Prior Amount 0	Amount Incurred this Period 1380.00
Street Address 4674 Remmington Ave			Item or Purpose of Debt Yard Sign purchase	Outstanding Balance 1380.00
City Copley	State OH	Zip Code 44321	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY) 09/19/2017	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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 (also record on Form 31-B)

Total Outstanding Balance \$ 1380.00 (also record on cover page)