



Committee Name Friends of Judge Katarina Cook		Office Sought CP Court-Domestic Relations Division		District Summi
Street Address 201 Hampshire Road		City Akron	State OH	Zip 44313
Candidate Name OR PAC Registration Number Katarina Vujic Cook		Treasurer Name Elizabeth Parker		Election Date (MM/DD/YYYY) 11/08/2016
<b>Type of Report (choose one):</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General  <b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year  
2017

1. Amount brought forward from last report	4,402.80
2. Total monetary contributions (From Forms 31-A and 31-E)	2,900.00
3. Total other income (From Form 31-A-2)	60.00
4. Total funds available (sum of lines 1, 2, 3)	7362.80
5. Total monetary expenditures (From Forms 31-B and 31-F)	7264.92
6. Balance on hand (line 4 minus line 5)	97.88
7. Value of in-kind contributions received (From Form 31-I)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	28,750.00
10. Outstanding debts owed by committee (From Form 31-N)	12,505.06
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

2018 Jan 31 PM 12:20

#1982

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

  
Signature of Treasurer or Deputy Treasurer

01/31/2018  
Date (MM/DD/YYYY)

Contribution Pages  
1

Expenditure Pages  
4

Other Pages  
30

Total Pages  
36



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook				
<b>Full Name of Contributor</b> Summit County Republican Central Committee-Judicial Committee			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1755 Merriman Road, Ste 250		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 12/22/2016	<b>Amount</b> 2,700.00
<b>Full Name of Contributor</b> E. Arthur Axner			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 300 Courtyard Sq-80 S. Summit St.		<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Form (Cash, Check, etc.)</b> check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Date (MM/DD/YYYY)</b> 12/27/2016	<b>Amount</b> 150.00
<b>Full Name of Contributor</b> Mark C. Cavanaugh			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 755 White Pond Dr., Ste 403		<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Form (Cash, Check, etc.)</b> check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44320	<b>Date (MM/DD/YYYY)</b> 02/27/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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 Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends of Judge Katarina Cook			
<b>Full Name of Contributor</b> Huntington Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 106 S. Main St	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 12/05/2017	<b>Form (Cash, Check, etc.)</b> cash
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Amount</b> 60.00
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>

\* 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

<b>Full Name of Committee</b> Friends of Judge Katarina Cook			
To Whom Paid Katarina Vujic Cook		Date (MM/DD/YYYY) 12/26/2016	Amount 2,000.00
Street Address 201 Hampshire Road		Purpose Partial Loan Repayment of 1/30/2008 Loan	
City Akron	State OH	Zip Code 44313	Check Number 1439
To Whom Paid FOPA #6		Date (MM/DD/YYYY) 02/02/2017	Amount 50.00
Street Address 500 E. Waterloo Rd		Purpose Raffle ticket	
City Akron	State OH	Zip Code 44314	Check Number 1440
To Whom Paid Nemes Creative		Date (MM/DD/YYYY) 02/24/2017	Amount 250.00
Street Address 4554 Greenlawn Dr.		Purpose Investiture Photography	
City Stow	State OH	Zip Code 44224	Check Number 1441
To Whom Paid Constant Contact		Date (MM/DD/YYYY) 02/17/2017	Amount 40.00
Street Address 1601 Trapelo Rd, Ste 329		Purpose Email Service	
City Waltham	State MA <input type="checkbox"/>	Zip Code 02451	Check Number (debit)
To Whom Paid Constant Contact		Date (MM/DD/YYYY) 03/17/2016	Amount 40.00
Street Address 1601 Trapelo Rd, Ste 329		Purpose email service	
City Waltham	State MA <input type="checkbox"/>	Zip Code 02451	Check Number (debit)

Page Total \$ 2,380.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook			
<b>To Whom Paid</b> Market District-Portage Crossing		<b>Date (MM/DD/YYYY)</b> 01/06/2017	<b>Amount</b> 62.12
<b>Street Address</b> 4036 State Road		<b>Purpose</b> Cake & Punch for Investiture	
<b>City</b> Cuyahoga Falls	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Check Number</b> (debit)
<b>To Whom Paid</b> ABM Parking		<b>Date (MM/DD/YYYY)</b> 01/09/2016	<b>Amount</b> 5.00
<b>Street Address</b> Morley Health Center-250 S. Broadway St.		<b>Purpose</b> Parking Fee for Moving into new office	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Check Number</b> (debit)
<b>To Whom Paid</b> Constant Contact		<b>Date (MM/DD/YYYY)</b> 01/18/2018	<b>Amount</b> 40.00
<b>Street Address</b> 1601 Trapelo Rd, Ste 329		<b>Purpose</b> Email Service	
<b>City</b> Waltham	<b>State</b> MA	<b>Zip Code</b> 02451	<b>Check Number</b> (debit)
<b>To Whom Paid</b> Ohio Secretary of State		<b>Date (MM/DD/YYYY)</b> 12/16/2016	<b>Amount</b> 5.00
<b>Street Address</b> 180 E. Broad St.,		<b>Purpose</b> Filing Fee	
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Check Number</b> 1437
<b>To Whom Paid</b> JPL & Assoc, LLC		<b>Date (MM/DD/YYYY)</b> 12/24/2016	<b>Amount</b> 2,667.80
<b>Street Address</b> 2248 Buckley Rd.		<b>Purpose</b> Auto Calls	
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43221	<b>Check Number</b> 1438

Page Total \$ 2,779.92



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook			
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 05/15/2017	Amount 20.00
Street Address 106 S. Main St		Purpose Monthly Service Fee	
City Akron	State OH	Zip Code 44308	Check Number (monthly service fee)
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 06/15/2017	Amount 20.00
Street Address 106 S. Main St.		Purpose Monthly Service Fee	
City Akron	State OH	Zip Code 44308	Check Number (monthly service fee)
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 07/15/2017	Amount 20.00
Street Address 106 S. Main St.		Purpose Monthly Service Fee	
City Akron	State OH	Zip Code 44308	Check Number (monthly service fee)
To Whom Paid USPS		Date (MM/DD/YYYY) 07/18/2017	Amount 45.00
Street Address 2711 W. Market St		Purpose Post Office Box Fee	
City Fairlawn	State OH	Zip Code 44333	Check Number 1442
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 08/15/2017	Amount 20.00
Street Address 106 S. Main St.		Purpose Monthly Service Fee	
City Akron	State OH	Zip Code 44308	Check Number (monthly service fee)

Page Total \$ 125.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook			
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 09/15/2017	<b>Amount</b> 20.00
<b>Street Address</b> 106 S. Main St		<b>Purpose</b> Monthly Service Fee	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Check Number</b> (monthly service fee)
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 10/15/2017	<b>Amount</b> 20.00
<b>Street Address</b> 106 S. Main St.		<b>Purpose</b> Monthly Service Fee	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Check Number</b> (monthly service fee)
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 11/15/2017	<b>Amount</b> 20.00
<b>Street Address</b> 106 S. Main St.		<b>Purpose</b> Monthly Service Fee	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Check Number</b> (monthly service fee)
<b>To Whom Paid</b> Katarina Vujic Cook		<b>Date (MM/DD/YYYY)</b> 12/05/2017	<b>Amount</b> 1900.00
<b>Street Address</b> 201 Hampshire Rd		<b>Purpose</b> Partial Loan Repayment of 1/30/2008 loan	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Check Number</b> 1443
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 12/15/2017	<b>Amount</b> 20.00
<b>Street Address</b> 106 S. Main St.		<b>Purpose</b> Monthly Service Fee	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Check Number</b> (monthly service fee)

Page Total \$ 1980.00



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook					
From Whom Received Katarina Vujic Cook				Prior Amount 32,650.00	Amt. Incurred this Period
Street Address 201 Hampshire Road					Outstanding Balance 28,750.00
City Akron	State OH	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 01/30/2008		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
				12/26/2016	2,000.00
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
				12/05/2017	1,900.00
Employer/Occupation/Labor Organization*		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	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (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 \$ 32,650.00

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

Total Payments Received this Period \$ 3,900.00 (also record on Form 31-B)

Total Outstanding Balance \$ 28,750.00 (also record on Form 30-A)



# 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>12,505.06</b>		Amt. Incurred this Period	
Address <b>201 Hampshire Road</b>				Item or Purpose of Debt		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
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>(same)</b>				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		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
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 <b>OH</b>	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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 12,505.06 (also record on cover page)