



Committee Name FRIENDS OF BECKI KOVACH		Office Sought COUNCIL		District REM
Street Address 10291 SMUGGLERS COVE		City REMINDERVILLE	State OH	Zip 44202
Candidate Name OR PAC Registration Number BECKI KOVACH		Treasurer Name BECKI KOVACH		Election Date (MM/DD/YYYY) 11/07/2017
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
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.

1. Amount brought forward from last report	\$127.98
2. Total monetary contributions (From Forms 31-A and 31-E)	\$0.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$127.98
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$35.00
6. Balance on hand (line 4 minus line 5)	\$92.98
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$0.00
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 AUG -3 AM 11:53

U.S. DEPARTMENT OF JUSTICE
ATTORNEY GENERAL
KROHN, OHIO

2334

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

Becki Kovach
Signature of Treasurer or Deputy Treasurer

7/31/2018
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 1	Total Pages 2
-------------------------	------------------------	------------------	------------------



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF BECKI KOVACH			
To Whom Paid RESIDENTS FOR EFFICIENT GOVERNMENT PAC		Date (MM/DD/YYYY) 02/23/2018	Amount \$35.00
Street Address 6409 BARTON ROAD		Purpose LEVY CAMPAIGN FUNDRAISER	
City NORTH OLMSTED	State OH	Zip Code 44070	Check Number 106
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 \$ 35.00