



Committee Name Friends of Judge Katarina Cook		Office Sought CP Court-Domestic Relations Division		District Summi
Street Address 1002 Lancewood Dr.		City Macedonia	State OH	Zip 44056
Candidate Name OR PAC Registration Number Katarina Vujic Cook		Treasurer Name Elizabeth Parker		Election Date (MM/DD/YYYY) 11/08/2016

**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 2018
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**Amended Report**

No  Yes

**Termination**

Check this box if the committee wishes to terminate with this report

**Short Form Report** (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.


<b>1. Amount brought forward from last report</b>	97.88
<b>2. Total monetary contributions</b> (From Forms 31-A and 31-E)	0
<b>3. Total other income</b> (From Form 31-A-2)	0
<b>4. Total funds available</b> (sum of lines 1, 2, 3)	97.88
<b>5. Total monetary expenditures</b> (From Forms 31-B and 31-F)	97.88
<b>6. Balance on hand</b> (line 4 minus line 5)	0
<b>7. Value of in-kind contributions received</b> (From Form 31-J-1)	0
<b>8. Value of in-kind contributions made</b> (From Form 31-J-2)	0
<b>9. Outstanding loans owed by committee</b> (From Form 31-C)	28,652.12
<b>10. Outstanding debts owed by committee</b> (From Form 31-N)	12,505.06
<b>11. Outstanding loans owed to committee</b> (From Form 31-K)	0
<b>12. Value of independent expenditures made</b> (From Form 31-U)	0

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#127710  
SUMMIT COUNTY BOARD OF ELECTIONS  
AKRON OHIO 44314

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SUMMIT COUNTY  
BOARD OF ELECTIONS

**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

01/30/2019  
Date (MM/DD/YYYY)

Contribution Pages  
0

Expenditure Pages  
1

Other Pages  
3

Total Pages  
4



**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) 02/06/2018	Amount 97.88
Street Address 201 Hampshire Road		Purpose Reimbursement for 1/30/2008 Loan	
City Akron	State OH	Zip Code 44313	Check Number 1444
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 \$ 97.88



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Judge Katarina Cook Committee					
From Whom Received Katarina Vujic Cook			Prior Amount 28,750.00	Amt. Incurred this Period	
Street Address 1002 Lancewood Dr.				Outstanding Balance 28,652.12	
City Macedonia	State OH <input type="checkbox"/>	Zip Code 44056	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 1/30/2008		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 02/06/2018	Amount 97.88
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
From Whom Received			Prior Amount	Amt. Incurred this Period	
Street Address				Outstanding Balance	
City	State <input type="checkbox"/>	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 \$ 28,750.00

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

Total Payments Received this Period \$ 97.88 (also record on Form 31-B)

Total Outstanding Balance \$ 28,652.12 (also record on Form 30-A)

## 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)