

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Meika Penta</b>						Registration Number, if PAC			
Full Name of Candidate <b>Meika Penta</b>									
Street Address <b>2467 23rd Street</b>						Office Sought <b>Ward 3 City Council</b>		District <b>Cuyahoga Falls</b>	
City <b>Cuyahoga Falls</b>						State <b>O H</b>	Zip Code <b>44223</b>		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
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			
						M	D	Y	
						0	9	1	2
								1	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 at 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)	\$	2,305.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (line 2 plus line 3)	\$	2,305.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,911.66
6. Balance on hand (line 4 minus line 5)	\$	393.34
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	4,387.57
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	\$	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 AUG 30 PM 12: 05

# 1984 BAR

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.

**Mike Penta**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

8-29-17

Contribution pages 8

Expenditure pages 7

Other pages 1

Total pages 16

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Meika Penta</b>						
Full Name of Contributor <b>Contributions from form No. 31-E</b>					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	5	3 0 1 7	<b>515.00</b>
Full Name of Contributor <b>Laura McDowall</b>					Registration Number, if PAC	
Street Address <b>3502 Curtis St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mogadore</b>	State <b>O   H</b>	Zip Code <b>44260</b>	M	D	Y	Amount
			0	6	0 2 1 7	<b>25.00</b>
Full Name of Contributor <b>Robert McDowall III</b>					Registration Number, if PAC	
Street Address <b>3502 Curtis St</b>		Employer/Occupation/Labor Organization* <b>Mogadore Councilman</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mogadore</b>	State <b>O   H</b>	Zip Code <b>44260</b>	M	D	Y	Amount
			0	6	0 2 1 7	<b>35.00</b>
Full Name of Contributor <b>Mary Nichols-Rhodes</b>					Registration Number, if PAC	
Street Address <b>739 Lincoln Ave</b>		Employer/Occupation/Labor Organization* <b>Cuyahoga Falls Councilwoman</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44221</b>	M	D	Y	Amount
			0	6	0 3 1 7	<b>125.00</b>
Full Name of Contributor <b>Andy Padrutt</b>					Registration Number, if PAC	
Street Address <b>1460 Curtis Ave</b>		Employer/Occupation/Labor Organization* <b>First Class Campaigns</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44221</b>	M	D	Y	Amount
			0	6	0 8 1 7	<b>50.00</b>
Full Name of Contributor <b>Megan Moreland</b>					Registration Number, if PAC	
Street Address <b>1492 W. Exchange St</b>		Employer/Occupation/Labor Organization* <b>City of Cuyahoga Falls</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44313</b>	M	D	Y	Amount
			0	6	0 8 1 7	<b>100.00</b>
Full Name of Contributor <b>Janet Ciotola</b>					Registration Number, if PAC	
Street Address <b>163 Ravenshollow Drive</b>		Employer/Occupation/Labor Organization* <b>City of Cuyahoga Falls</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44223</b>	M	D	Y	Amount
			0	6	1 1 1 7	<b>25.00</b>
Full Name of Contributor <b>Contributions from form 31-E</b>					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	7	1 3 1 7	<b>630.00</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 appear [R.C. 3517.10(B)(4)]

### Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Meika Penta</b>						
Full Name of Contributor <b>John Schmidt</b>				Registration Number, if PAC		
Street Address <b>1460 Curtis Ave</b>		Employer/Occupation/Labor Organization* <b>Summit County Councilman</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>7</b>	Y <b>1 4 1 7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Jerry James Committee</b>				Registration Number, if PAC		
Street Address <b>2209 Liberty St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>7</b>	Y <b>1 7 1 7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Meika Penta</b>				Registration Number, if PAC		
Street Address <b>2467 23rd Street</b>		Employer/Occupation/Labor Organization* <b>Vivial / Finance Rep</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>7</b>	Y <b>1 7 1 7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Russ Balthis</b>				Registration Number, if PAC		
Street Address <b>2316 Riverfront Pky</b>		Employer/Occupation/Labor Organization* <b>City of Cuyahoga Falls</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>7</b>	Y <b>1 8 1 7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Cuyahoga Falls Democratic Club</b>				Registration Number, if PAC		
Street Address <b>2467 23rd Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>7</b>	Y <b>2 0 1 7</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Committee to Elect Don Walters</b>				Registration Number, if PAC		
Street Address <b>3395 Pendleton Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>8</b>	Y <b>1 4 1 7</b>	Amount <b>100.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	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	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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>Friends of Meika Penta</b>							
To Whom Paid				M	D	Y	Amount
<b>Market District</b>				0	5	3 0 1 7	6.39
Address		Purpose					
<b>2687 State Road</b>		<b>Note cards</b>					
City		State	Zip Code	Check Number			
<b>Cuyahoga Falls</b>		O   H	<b>44223</b>	<b>Debit</b>			
To Whom Paid				M	D	Y	Amount
<b>Expenditures from form 31-F</b>				0	5	3 0 1 7	73.36
Address		Purpose					
		<b>May fundraiser</b>					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
<b>Mike Penta</b>				0	6	0 2 1 7	49.00
Address		Purpose					
<b>2467 23rd Street</b>		<b>Reimbursement for stamps</b>					
City		State	Zip Code	Check Number			
<b>Cuyahoga Falls</b>		O   H	<b>44223</b>	<b>92</b>			
To Whom Paid				M	D	Y	Amount
<b>GoDaddy</b>				0	6	0 4 1 7	19.20
Address		Purpose					
<b>14455 N Harden Rd</b>		<b>Website Hosting</b>					
City		State	Zip Code	Check Number			
<b>Scottsdale</b>		A   Z	<b>85260</b>	<b>Debit</b>			
To Whom Paid				M	D	Y	Amount
<b>Summit County Board of Elections</b>				0	6	1 3 1 7	20.00
Address		Purpose					
<b>470 Grant St</b>		<b>Filing fee</b>					
City		State	Zip Code	Check Number			
<b>Akron</b>		O   H	<b>44311</b>	<b>93</b>			
To Whom Paid				M	D	Y	Amount
<b>Summit County Board of Elections</b>				0	6	1 3 1 7	25.00
Address		Purpose					
<b>470 Grant St</b>		<b>Filing fee</b>					
City		State	Zip Code	Check Number			
<b>Akron</b>		O   H	<b>44311</b>	<b>94</b>			
To Whom Paid				M	D	Y	Amount
<b>Walgreens</b>				0	6	2 1 1 7	12.79
Address		Purpose					
<b>2645 State Rd</b>		<b>Note cards</b>					
City		State	Zip Code	Check Number			
<b>Cuyahoga Falls</b>		O   H	<b>44223</b>	<b>Debit</b>			
To Whom Paid				M	D	Y	Amount
<b>Kondik Advertising</b>				0	6	2 8 1 7	400.00
Address		Purpose					
<b>25400 Miles Road</b>		<b>Yard signs</b>					
City		State	Zip Code	Check Number			
<b>Bedford Heights</b>		O   H	<b>44136</b>	<b>Debit</b>			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>Friends of Meika Penta</b>							
To Whom Paid				M	D	Y	Amount
<b>Facebook</b>				0	7	0117	8.45
Address		Purpose					
<b>1601 Willow Road</b>		<b>Advertising</b>					
City	State	Zip Code	Check Number				
<b>Menio Park</b>	<b>C   A</b>	<b>94025</b>	<b>Debit</b>				
To Whom Paid				M	D	Y	Amount
<b>Mike Penta</b>				0	7	0117	20.16
Address		Purpose					
<b>2467 23rd Street</b>		<b>Reimbursement of domain name purchase</b>					
City	State	Zip Code	Check Number				
<b>Cuyahoga Falls</b>	<b>O   H</b>	<b>44223</b>	<b>95</b>				
To Whom Paid				M	D	Y	Amount
<b>Facebook</b>				0	7	0217	25.08
Address		Purpose					
<b>1601 Willow Road</b>		<b>Advertising</b>					
City	State	Zip Code	Check Number				
<b>Menio Park</b>	<b>C   A</b>	<b>94025</b>	<b>Debit</b>				
To Whom Paid				M	D	Y	Amount
<b>Facebook</b>				0	7	0917	50.02
Address		Purpose					
<b>1601 Willow Road</b>		<b>Advertising</b>					
City	State	Zip Code	Check Number				
<b>Menio Park</b>	<b>C   A</b>	<b>94025</b>	<b>Debit</b>				
To Whom Paid				M	D	Y	Amount
<b>Expenditures from Form 31-F</b>				0	7	0917	7.17
Address		Purpose					
		<b>June 9 Meet and Greet</b>					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
<b>GoDaddy</b>				0	7	1017	10.66
Address		Purpose					
<b>14455 N Harden Rd</b>		<b>Website hosting</b>					
City	State	Zip Code	Check Number				
<b>Scottsdale</b>	<b>A   Z</b>	<b>85260</b>	<b>Debit</b>				
To Whom Paid				M	D	Y	Amount
<b>Mike Penta</b>				0	7	1317	382.24
Address		Purpose					
<b>2467 23rd Street</b>		<b>Reimbursement for yard signs</b>					
City	State	Zip Code	Check Number				
<b>Cuyahoga Falls</b>	<b>O   H</b>	<b>44223</b>	<b>96</b>				
To Whom Paid				M	D	Y	Amount
<b>Ohio Ethics Commission</b>				0	7	1417	35.00
Address		Purpose					
<b>30 W Spring St</b>		<b>Financial Disclosure</b>					
City	State	Zip Code	Check Number				
<b>Columbus</b>	<b>O   H</b>	<b>43215</b>	<b>Debit</b>				

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Meika Penta</b>							
To Whom Paid <b>Expenditures from Form 31-F</b>					M   D   Y	Amount <b>481.07</b>	
Address		Purpose <b>July Fundraiser</b>					
City		State	Zip Code	Check Number			
To Whom Paid <b>Facebook</b>					M   D   Y	Amount <b>54.28</b>	
Address <b>1601 Willow Rd</b>		Purpose <b>Advertising</b>					
City <b>Menio Park</b>		C   A	90125	Check Number <b>Debit</b>			
To Whom Paid <b>Mike Penta</b>					M   D   Y	Amount <b>49.00</b>	
Address <b>2467 23rd Street</b>		Purpose <b>Reimbursement of stamps</b>					
City <b>Cuyahoga Falls</b>		O   H	44223	Check Number <b>98</b>			
To Whom Paid <b>Facebook</b>					M   D   Y	Amount <b>21.16</b>	
Address <b>1601 Willow Rd</b>		Purpose <b>Advertising</b>					
City <b>Menio Park</b>		O   H	44223	Check Number <b>Debit</b>			
To Whom Paid <b>Harland Clarke</b>					M   D   Y	Amount <b>40.78</b>	
Address <b>1910 Campus Pl</b>		Purpose <b>Checks</b>					
City <b>Louisville</b>		K   Y	40299	Check Number <b>EFT</b>			
To Whom Paid <b>GoDaddy</b>					M   D   Y	Amount <b>19.20</b>	
Address <b>1455 N Harden Road</b>		Purpose <b>Website hosting</b>					
City <b>Scottsdale</b>		A   Z	85260	Check Number <b>Debit</b>			
To Whom Paid <b>Expenditures from Form 31-F</b>					M   D   Y	Amount <b>101.65</b>	
Address		Purpose <b>Community Gathering &amp; Meet and Greet</b>					
City		State	Zip Code	Check Number			
To Whom Paid					M   D   Y	Amount	
Address		Purpose					
City		State	Zip Code	Check Number			



## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 3405

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Friends of Meika Penta</b>							
Full Name of Contributor <b>Diane Sheridan</b>		Registration Number, if PAC					
Street Address <b>2481 N. Haven Blvd</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44223</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>30.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Committee to Elect Don Walters</b>		Registration Number, if PAC					
Street Address <b>3395 Pendleton St.</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44221</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>100.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Carrie Synder</b>		Registration Number, if PAC					
Street Address <b>1248 Chestnut Blvd</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44223</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>20.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Diana Colavecchio</b>		Registration Number, if PAC					
Street Address <b>3414 Haggarty Way</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44223</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>100.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Sandra Kurt</b>		Registration Number, if PAC					
Street Address <b>140 Mayfield Ave</b>	City <b>Akron</b>	State <b>O</b>	Zip Code <b>H 44313</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>50.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Bryan Hoffman</b>		Registration Number, if PAC					
Street Address <b>3466 Squires Bnd</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44223</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>25.00</b>
				Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Robert McCarty</b>		Registration Number, if PAC					
Street Address <b>611 Woodbrook Rd</b>	City <b>Cuyahoga Falls</b>	State <b>O</b>	Zip Code <b>H 44223</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>25.00</b>
				Form (Cash, Check, etc) <b>Check</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 appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **350.00**

Event Date	<u>5/30/2017</u>
Page	<u>2</u>

## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>Friends of Meika Penta</b>					
Full Name of Contributor			Registration Number, if PAC		
<b>Natalie Scott</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>2886 Revere Drive</b>	<b>Summit County Prosecutor's</b>		<b>0</b>	<b>5</b>	<b>3</b>
City	State	Zip Code			Amount
<b>Cuyahoga Falls</b>	<b>O</b>	<b>H</b>	<b>4</b>	<b>2</b>	<b>25.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Anthony Zumbo</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>4302 Apple Orchard</b>	<b>City of Cuyahoga Falls</b>		<b>0</b>	<b>5</b>	<b>3</b>
City	State	Zip Code			Amount
<b>Rootstown</b>	<b>O</b>	<b>H</b>	<b>4</b>	<b>2</b>	<b>20.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Brenda Moles</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>1244 Chestnut St</b>	<b>Retired</b>		<b>0</b>	<b>5</b>	<b>3</b>
City	State	Zip Code			Amount
<b>Stow</b>	<b>O</b>	<b>H</b>	<b>4</b>	<b>2</b>	<b>70.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Debbie Ziccardi</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>531 Grove Ave</b>	<b>Equitas Health</b>		<b>0</b>	<b>5</b>	<b>3</b>
City	State	Zip Code			Amount
<b>Cuyahoga Falls</b>	<b>O</b>	<b>H</b>	<b>4</b>	<b>2</b>	<b>25.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Cathy Meachum</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>531 Grove Ave</b>	<b>City of Cuyahoga Falls</b>		<b>0</b>	<b>5</b>	<b>3</b>
City	State	Zip Code			Amount
<b>Cuyahoga Falls</b>	<b>O</b>	<b>H</b>	<b>4</b>	<b>2</b>	<b>25.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			Amount
			Form (Cash, Check, etc)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			Amount
			Form (Cash, Check, etc)		

\* 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 appear. [R.C. 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column.

Total contributions this event

<b>515.00</b>
---------------

Total expenditures this event

<b>73.36</b>
--------------

Page Total \$ 165.00



# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of Meika Penta</b>								
To Whom Paid <b>Mike Penta</b>					M	D	Y	Amount
					0	6	0	2
					1	7		73.36
Address <b>2467 23rd Street</b>		Purpose <b>Reimbursement of food/drinks for fundraiser</b>						
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>91</b>				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

31-F  
R.C. 3517.10

Event Date	<u>7/9/17</u>
Page	<u>1</u>

### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 03/01

Name of Committee in Full <b>Friends of Meika Penta</b>								
To Whom Paid <b>Dunkin Donuts</b>					M	D	Y	Amount
					0	7	0	9
					1	7		2.39
Address <b>1670 State Road</b>		Purpose <b>Drinks</b>						
City <b>Cuyahoga Falls</b>		State <b>O H</b>	Zip Code <b>44223</b>		Check Number <b>Debit</b>			
To Whom Paid <b>Dunkin Donuts</b>					M	D	Y	Amount
					0	7	0	9
					1	7		4.78
Address <b>1670 State Road</b>		Purpose <b>Drinks</b>						
City <b>Cuyahoga Falls</b>		State <b>O H</b>	Zip Code <b>44223</b>		Check Number <b>Debit</b>			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>7.17</u>
---------------	-------------

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3405

Name of Committee in Full					
<b>Friends of Meika Penta</b>					
Full Name of Contributor			Registration Number, if PAC		
<b>Diana Colavecchio</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>3414 Haggarty Way</b>	<b>Stow Clerk of Courts</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>100.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Ashley Ehman</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>4429 Fishcreek Rd</b>	<b>Banking</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>20.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Stow</b>	<b>O</b>   <b>H</b>	<b>44224</b>	<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Karen Schofield</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>2306 Northhaven Blvd</b>	<b>Retired</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>50.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Rebecca Black</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>9365 Hidden Lake Drive</b>	<b>Attorney</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>75.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Chesterland</b>	<b>O</b>   <b>H</b>	<b>44026</b>	<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Thelma Clark</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>330 Boston Mills Road</b>	<b>Finance Rep</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>40.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Hudson</b>	<b>O</b>   <b>H</b>	<b>44236</b>	<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Brenda Moles</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>1244 Chestnut St</b>		<b>0</b>	<b>7</b>	<b>13</b>	<b>20.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Stow</b>	<b>O</b>   <b>H</b>	<b>44224</b>	<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Janet Ciotola</b>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<b>163 Ravenshallow Drive</b>	<b>City of Cuyahoga Falls</b>	<b>0</b>	<b>7</b>	<b>13</b>	<b>25.00</b>
City	State	Zip Code	Form (Cash, Check, etc)		
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>Cash</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 appear [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 330.00

## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>Friends of Meika Penta</b>					
Full Name of Contributor			Registration Number, if PAC		
<b>Elliot Kolkovich</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>369 Gresham Drive</b>			0	7	13
City	State	Zip Code	1	7	Amount
<b>Fairlawn</b>	<b>O</b>   <b>H</b>	<b>44333</b>	<b>7</b>	<b>1</b>	<b>50.00</b>
			Form (Cash, Check, etc)		
			<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Sara Leedham</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>310 Hidden Lake Lane</b>	<b>City of Cuyahoga Falls</b>		0	7	13
City	State	Zip Code	1	7	Amount
<b>Peninsula</b>	<b>O</b>   <b>H</b>	<b>44264</b>	<b>7</b>	<b>1</b>	<b>50.00</b>
			Form (Cash, Check, etc)		
			<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Mary Nichols</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>739 Lincoln Ave</b>	<b>Cuyahoga Falls Council</b>		0	7	13
City	State	Zip Code	1	7	Amount
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44221</b>	<b>7</b>	<b>1</b>	<b>25.00</b>
			Form (Cash, Check, etc)		
			<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Denise Horning</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>80 Paddison Ave</b>			0	7	13
City	State	Zip Code	1	7	Amount
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>7</b>	<b>1</b>	<b>50.00</b>
			Form (Cash, Check, etc)		
			<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Cathy Meacham</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>3149 Charles Street</b>	<b>City of Cuyahoga Falls</b>		0	7	13
City	State	Zip Code	1	7	Amount
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>7</b>	<b>1</b>	<b>25.00</b>
			Form (Cash, Check, etc)		
			<b>Check</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Andy Padtrutt</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>1460 Curtis Ave</b>	<b>First Class Campaigns</b>		0	7	13
City	State	Zip Code	1	7	Amount
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44221</b>	<b>7</b>	<b>1</b>	<b>50.00</b>
			Form (Cash, Check, etc)		
			<b>Cash</b>		
Full Name of Contributor			Registration Number, if PAC		
<b>Robert McCarty</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>611 Woodbrook Rd</b>	<b>Summit County Juv Court</b>		0	7	13
City	State	Zip Code	1	7	Amount
<b>Cuyahoga Falls</b>	<b>O</b>   <b>H</b>	<b>44223</b>	<b>7</b>	<b>1</b>	<b>50.00</b>
			Form (Cash, Check, etc)		
			<b>Check</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 appear. [R.C. 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

<b>630.00</b>
---------------

Total expenditures this event

<b>481.07</b>
---------------

Page Total \$ **300.00**

31-F  
R.C. 3517.10

Event Date	<u>7/13/17</u>
Page	<u>1</u>

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of Meika Penta</b>							
To Whom Paid <b>Mike Penta</b>				M	D	Y	Amount
				0	7	18	<b>481.07</b>
Address <b>2467 23rd Street</b>		Purpose <b>Reimbursement of food/drink</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>97</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>481.07</u>
---------------	---------------

Event Date	<u>8/14/17</u>
Page	<u>1</u>

### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of Meika Penta</b>							
To Whom Paid <b>Giant Eagle Market District</b>				M	D	Y	Amount
				0	8	14	101.65
Address <b>2687 State Road</b>		Purpose <b>Food/drinks</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Check Number <b>Debit</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>101.65</u>
---------------	---------------



# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
<b>Friends of Meika Penta</b>				
Full Name of Contributor <b>Mike Penta</b>	Employer, Occupation, Labor Organization * <b>LQ Management</b>	Registration Number, if PAC		
Street Address <b>2467 23rd Street</b>	Description of Item or Service <b>Banner</b>	M   D   Y <b>0 5 1 5 1 7</b>	Fair Market Value <b>17.71</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44223</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Mary Nichols-Rhodes</b>				
<b>Cuyahoga Falls Councilwoman</b>				
Full Name of Contributor <b>Mary Nichols-Rhodes</b>	Employer, Occupation, Labor Organization * <b>Cuyahoga Falls Councilwoman</b>	Registration Number, if PAC		
Street Address <b>739 Lincoln Ave</b>	Description of Item or Service <b>Name tag</b>	M   D   Y <b>0 5 1 8 1 7</b>	Fair Market Value <b>6.40</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Mike Penta</b>				
<b>LQ Management</b>				
Full Name of Contributor <b>Mike Penta</b>	Employer, Occupation, Labor Organization * <b>LQ Management</b>	Registration Number, if PAC		
Street Address <b>2467 23rd Street</b>	Description of Item or Service <b>Various office supplies</b>	M   D   Y <b>0 5 2 9 1 7</b>	Fair Market Value <b>146.00</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44223</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Committee to Elect Don Walters</b>				
<b>Meeting room deposit</b>				
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization * <b>Meeting room deposit</b>	Registration Number, if PAC		
Street Address <b>3395 Pendleton St</b>	Description of Item or Service <b>Meeting room deposit</b>	M   D   Y <b>0 6 2 8 1 7</b>	Fair Market Value <b>50.00</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Committee to Elect Don Walters</b>				
<b>Literature production &amp; printing</b>				
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization * <b>Literature production &amp; printing</b>	Registration Number, if PAC		
Street Address <b>3395 Pendleton St</b>	Description of Item or Service <b>Literature production &amp; printing</b>	M   D   Y <b>0 7 1 4 1 7</b>	Fair Market Value <b>1,250.00</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Committee to Elect Don Walters</b>				
<b>Literature production &amp; printing</b>				
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization * <b>Literature production &amp; printing</b>	Registration Number, if PAC		
Street Address <b>3395 Pendleton St</b>	Description of Item or Service <b>Literature production &amp; printing</b>	M   D   Y <b>0 7 1 4 1 7</b>	Fair Market Value <b>1,350.00</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Committee to Elect Don Walters</b>				
<b>Flyer copies</b>				
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization * <b>Flyer copies</b>	Registration Number, if PAC		
Street Address <b>3395 Pendleton St</b>	Description of Item or Service <b>Flyer copies</b>	M   D   Y <b>0 7 1 4 1 7</b>	Fair Market Value <b>258.46</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Committee to Elect Don Walters</b>				
<b>Postage</b>				
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization * <b>Postage</b>	Registration Number, if PAC		
Street Address <b>3395 Pendleton St</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>0 8 1 0 1 7</b>	Fair Market Value <b>817.32</b>	
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H 44221</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

\* 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 appear. [R.C. 3517.10(B)(4)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Meika Penta</b>			
Full Name of Contributor <b>Committee to Elect Don Walters</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>3395 Pendleton Ave</b>	Description of Item or Service <b>Literature production &amp; printing</b>	M   D   Y <b>0 8 1 0 1 7</b>	Fair Market Value <b>491.68</b>
City <b>Cuyahoga Falls</b>	State   Zip Code <b>OH   44221</b>	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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   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	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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 appear. [R.C. 3517.10(B)(4)]