

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Meika Penta						Registration Number, if PAC							
Full Name of Candidate Meika Penta													
Street Address 2467 23rd Street						Office Sought Ward 3 City Council			District Cuyahoga Falls				
City Cuyahoga Falls						State O H		Zip Code 44223					
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		X		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		
						1 1 0 7 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	\$	393.34
2. Total monetary contributions (From Form No. 31-A)	\$	490.00
3. Total other income (From Form No. 31-A-2)	\$	0.05
4. Total funds available (sum of lines 1, 2, 3)	\$	883.39
5. Total monetary expenditures (From Form No. 31-B)	\$	495.64
6. Balance on hand (in dollars and cents)	\$	387.75
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	1,696.27
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		

2017 OCT 23 AM 11:20

1387 Ave

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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

10/22/17

Date

Contribution pages 5

Expenditure pages 4

Other pages 1

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Meika Penta						
Full Name of Contributor Mike Penta				Registration Number, if PAC		
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization* LQ Management			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0	D 9	Y 1 1 7
						Amount 25.00
Full Name of Contributor Meika Penta				Registration Number, if PAC		
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization* Finance Rep			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0	D 9	Y 1 9 1 7
						Amount 25.00
Full Name of Contributor Mike Penta				Registration Number, if PAC		
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization* LQ Management			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0	D 9	Y 2 5 1 7
						Amount 25.00
Full Name of Contributor Meika Penta				Registration Number, if PAC		
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization* Finance Rep			Form (Cash, Check, etc.) Check	
City 2467 23rd Street		State O H	Zip Code 44223	M 1	D 0	Y 0 5 1 7
						Amount 25.00
Full Name of Contributor Mike Penta				Registration Number, if PAC		
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization* LQ Management			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 1	D 0	Y 1 2 1 7
						Amount 25.00
Full Name of Contributor Contributions from Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 1	D 0	Y 1 7 1 7
						Amount 365.00
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
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

* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Friends of Meika Penta							
Full Name Huntington Bank				Registration Number, if PAC			
Address 2687 State Road		Type* I N		M	D	Y	Amount 0.05
City Cuyahoga Falls		State O H	Zip Code 44223	Form(Cash,Check,etc) Rebate			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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, place the letters 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

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Meika Penta						
To Whom Paid			M	D	Y	Amount
Facebook			0	8	29	17 63.66
Address		Purpose				
1601 Willow Rd		Advertising				
City	State	Zip Code	Check Number			
Menlo Park	C A	94025	Debit			
To Whom Paid			M	D	Y	Amount
GoDaddy			0	9	04	17 19.20
Address		Purpose				
14455 N. Hayden Rd		Website				
City	State	Zip Code	Check Number			
Scottsdale	A Z	85260	Debit			
To Whom Paid			M	D	Y	Amount
Friends of Drew Reilly			0	9	13	17 25.00
Address		Purpose				
816 Davis Ave		Donation				
City	State	Zip Code	Check Number			
Cuyahoga Falls	O H	44221	99			
To Whom Paid			M	D	Y	Amount
Summit County Democratic Party			0	9	14	17 40.00
Address		Purpose				
438 Grant Street		Donation				
City	State	Zip Code	Check Number			
Akron	O H	44311	100			
To Whom Paid			M	D	Y	Amount
Dunkin' Donuts			0	9	16	17 5.78
Address		Purpose				
1760 State Rd		Drinks for volunteers				
City	State	Zip Code	Check Number			
Cuyahoga Falls	O H	44223	Debit			
To Whom Paid			M	D	Y	Amount
Cuyahoga Falls Democratic Club			0	9	21	17 25.00
Address		Purpose				
2467 23rd Street		Pasta Dinner Ticket				
City	State	Zip Code	Check Number			
Cuyahoga Falls	O H	44223	1001			
To Whom Paid			M	D	Y	Amount
Expenditures from Form 31-F			0	9	23	17 14.60
Address		Purpose				
		Supplies for block party				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Committee to Re-Elect Don Walters			0	9	28	17 100.00
Address		Purpose				
3395 Pendleton Street		Donation				
City	State	Zip Code	Check Number			
Cuyahoga Falls	O H	44221	1002			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Meika Penta							
To Whom Paid Facebook				M	D	Y	Amount 39.34
Address 1601 Willow Road				Purpose Advertising			
City Menio Park		State C A	Zip Code 94025-1452	Check Number Debit			
To Whom Paid GoDaddy.com				M	D	Y	Amount 19.20
Address 14455 N. Hayden Rd				Purpose Website			
City Scottsdale		State A Z	Zip Code 85260	Check Number Debit			
To Whom Paid Dunkin Donuts				M	D	Y	Amount 4.78
Address 1760 State Rd				Purpose Food/drinks for volunteers			
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit			
To Whom Paid Dunkin Donuts				M	D	Y	Amount 10.77
Address 1760 State Rd				Purpose Food/drinks for volunteers			
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit			
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount 128.31
Address				Purpose Fundraiser			
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			

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Meika Penta							
To Whom Paid GetGo				M	D	Y	Amount
				0	9	2317	4.99
Address 2816 State Rd		Purpose Ice for block party					
City Cuyahoga Falls	State O H	Zip Code 44223	Check Number Debit				
To Whom Paid Acme				M	D	Y	Amount
				0	9	2317	9.61
Address 2226 State Rd		Purpose Drinks for block party					
City Cuyahoga Falls	State O H	Zip Code 44223	Check Number Debit				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State			

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.

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Meika Penta						
Full Name of Contributor			Registration Number, if PAC			
Mike Penta						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2467 23rd Street	LQ Management	1	0	1	7	25.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44223		Check		
Full Name of Contributor			Registration Number, if PAC			
Margaret Kelling						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1595 Chadwick Road	Retired	1	0	1	7	50.00
City	State	Zip Code		Form (Cash, Check, etc)		
Kent	O H	44240		Check		
Full Name of Contributor			Registration Number, if PAC			
Stefanie Castillo						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2911 Northland St	Monarch Center for Autism	1	0	1	7	50.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44221		Check		
Full Name of Contributor			Registration Number, if PAC			
Karen Schofield						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2306 North Haven Blvd	Retired	1	0	1	7	25.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44223		Check		
Full Name of Contributor			Registration Number, if PAC			
Patricia Bryan						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2419 23rd Street	Retired	1	0	1	7	25.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44223		Check		
Full Name of Contributor			Registration Number, if PAC			
Committee to Elect Don Walters						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3395 Pendleton St		1	0	1	7	25.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44221		Check		
Full Name of Contributor			Registration Number, if PAC			
Diana Colavecchio						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3414 Haggarty Way	Stow Clerk of Courts	1	0	1	7	50.00
City	State	Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls	O H	44223		Check		

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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 \$ 250.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends of Meika Penta							
Full Name of Contributor		Registration Number, if PAC					
Bradley Le Boeuf							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2340 19th Street	Lawyer	1	0	1	7	1	7
City	State	Zip Code	Form (Cash, Check, etc)				
Cuyahoga Falls	O H	44223	Check				
Full Name of Contributor		Registration Number, if PAC					
Megan Moreland							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1492 W Exchange Street	City of Cuyahoga Falls	1	0	1	7	1	7
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44313	Cash				
Full Name of Contributor		Registration Number, if PAC					
Cathy Meacham							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3149 Charles Street	City of Cuyahoga Falls	1	0	1	7	1	7
City	State	Zip Code	Form (Cash, Check, etc)				
Cuyahoga Falls	O H	44221	Cash				
Full Name of Contributor		Registration Number, if PAC					
Leslie Frank							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
49 Orville Ave	Summit County DD	1	0	1	7	1	7
City	State	Zip Code	Form (Cash, Check, etc)				
Cuyahoga Falls	O H	44221	Cash				
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	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
365.00

Total expenditures this event
128.31

Page Total \$ 115.00

31-F
R.C. 3517.10

Event Date	<u>10/17/17</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 Friends of Meika Penta						
To Whom Paid Acme				M D Y 1 0 7 1 7	Amount 11.72	
Address 2226 State Rd		Purpose Drinks for fundraiser				
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit		
To Whom Paid Bjs Wholesale Club				M D Y 1 0 1 5 1 7	Amount 57.06	
Address 1677 Home Ave		Purpose Drinks for fundraiser				
City Akron		State O H	Zip Code 44310	Check Number Debit		
To Whom Paid Bjs Wholesale Club				M D Y 1 0 1 7 1 7	Amount 35.14	
Address 1677 Home Ave		Purpose Food for fundraiser				
City Akron		State O H	Zip Code 44310	Check Number Debit		
To Whom Paid Acme				M D Y 1 0 1 7 1 7	Amount 15.88	
Address 2226 State Rd		Purpose Sundries for fundraiser				
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit		
To Whom Paid Acme				M D Y 1 0 1 7 1 7	Amount 5.32	
Address 2226 State Rd		Purpose Water/ice for fundraiser				
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit		
To Whom Paid Acme				M D Y 1 0 1 7 1 7	Amount 3.19	
Address 2226 State Rd		Purpose Foil for fundraiser				
City Cuyahoga Falls		State O H	Zip Code 44223	Check Number Debit		
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>128.31</u>
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Meika Penta			
Full Name of Contributor Mike Penta		Employer, Occupation, Labor Organization * LQ Management	
Street Address 2467 23rd Street		Description of Item or Service Office supplies	
City Cuyahoga Falls		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Registration Number, if PAC	
Street Address 3395 Pendleton St		Description of Item or Service Advertising	
City Cuyahoga Falls		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Registration Number, if PAC	
Street Address 3395 Pendleton St		Description of Item or Service Postage and Mailhouse fees	
City Cuyahoga Falls		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Registration Number, if PAC	
Street Address 3395 Pendleton St		Description of Item or Service Postage	
City Cuyahoga Falls		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Mike Penta		Employer, Occupation, Labor Organization * LQ Management	
Street Address 2467 23rd Street		Description of Item or Service Food for fundraiser	
City Cuyahoga Falls		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	

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