



Committee Name FRIENDS of Money Penny		Office Sought		District
Street Address 3984 Idella Rd		City Mogadore	State OH	Zip 44260
Candidate Name OR PAC Registration Number GARRY Money Penny		Treasurer Name GARRY Money Penny		Election Date (MM/DD/YYYY)
Type of Report (choose one): <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 Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
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	6,170.61
2. Total monetary contributions (From Forms 31-A and 31-E)	Ø
3. Total other income (From Form 31-A-2)	Ø
4. Total funds available (sum of lines 1, 2, 3)	6,170.61
5. Total monetary expenditures (From Forms 31-B and 31-F)	Ø
6. Balance on hand (line 4 minus line 5)	6,170.61
7. Value of in-kind contributions received (From Form 31-J-1)	Ø
8. Value of in-kind contributions made (From Form 31-J-2)	Ø
9. Outstanding loans owed by committee (From Form 31-C)	5,000. ⁰⁰
10. Outstanding debts owed by committee (From Form 31-N)	1,957.75
11. Outstanding loans owed to committee (From Form 31-K)	Ø
12. Value of independent expenditures made (From Form 31-U)	Ø

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 29 PM 1:57

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44301
2745 @

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

Garry L. Money Penny
Signature of Treasurer or Deputy Treasurer

01/28/19
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Outstanding Debts

Full Name of Committee <i>Friends of Money Penny</i>			
To Whom Owed <i>GARRY Money Penny</i>		Prior Amount <i>1,865.75</i>	Amount Incurred this Period <i>92.00</i>
Street Address <i>3984 Idella</i>		Item or Purpose of Debt <i>STAMPS</i>	Outstanding Balance <i>1,957.75</i>
City <i>Mogadore</i>	State <i>OH</i>	Zip Code <i>44260</i>	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) <i>10/22/13</i>		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State <i>OH</i>	Zip Code	Payments Received This Period
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount

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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ *\$ 1,957.75* (also record on cover page)
\$ 1,957.75



Statement of Loans Received

Form 31-C

R.C. 3517.10

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Full Name of Committee <i>Friends of Money Penny</i>					
From Whom Received <i>GARRY Money Penny</i>				Prior Amount ⁰⁰ <i>5,000.</i>	Amt. Incurred this Period
Street Address <i>3984 Idella</i>					Outstanding Balance <i>5,000.</i> ⁰⁰
City <i>Mogadore</i>	State <i>OH</i>	Zip Code <i>44260</i>	Loans Received This Period		Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) <i>06/24/11</i>	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
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State <i>OH</i>	Zip Code	Loans Received This Period		Payments Received This Period
	Date of Original Loan (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 \$ *\$ 5,000.00* ✓

Total Received This Period \$ *\$ 0.00* (also record on Form 31-A-2)

Total Payments Received this Period \$ *\$ 0.00* (also record on Form 31-B)

Total Outstanding Balance \$ *\$ 5,000.00* (also record on Form 30-A) ✓