



Committee Name Friends of Meika Penta		Office Sought Cuyahoga Falls Ward 3 City Council		District
Street Address 2467 23rd Street		City Cuyahoga Falls	State Oh	Zip 44223
Candidate Name OR PAC Registration Number Meika Penta		Treasurer Name Mike Penta		Election Date (MM/DD/YYYY)

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

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.
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1. Amount brought forward from last report	4.80
2. Total monetary contributions (From Forms 31-A and 31-E)	125.00
3. Total other income (From Form 31-A-2)	250.00
4. Total funds available (sum of lines 1, 2, 3)	379.80
5. Total monetary expenditures (From Forms 31-B and 31-F)	351.39
6. Balance on hand (line 4 minus line 5)	28.41
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)	250.00
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

2019 JAN -8 AM 11:35

SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44311 #12994 @

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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

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

Contribution Pages
2

Expenditure Pages
3

Other Pages
2

Total Pages
7



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meika Penta				
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 01/05/2018	Amount 25.00
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 02/01/2018	Amount 25.00
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 03/01/2018	Amount 25.00
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 10/15/2018	Amount 25.00
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/29/2018	Amount 25.00

*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)]



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Meika Penta			
Full Name of Contributor Mike Penta		Registration Number, if PAC	
Street Address 2467 23rd Street	Type* Loan Payments Received	Date (MM/DD/YYYY) 04/25/2018	Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Amount 250.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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, 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

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Meika Penta			
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 01/08/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 02/04/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 03/04/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 04/04/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 08526	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 05/04/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 08526	Check Number Debit

Page Total \$ 96.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Meika Penta			
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 5/4/2018	Amount 120.99
Street Address 14455 N. Hayden Rd.		Purpose Domain renewal	
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 6/4/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 7/4/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AR	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 8/4/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website hosting	
City Scottsdale	State AR	Zip Code 85260	Check Number Debit
To Whom Paid GoDaddy.com LLC		Date (MM/DD/YYYY) 9/5/2018	Amount 19.20
Street Address 14455 N. Hayden Rd		Purpose	
City Scottsdale	State AR	Zip Code 85260	Check Number Debit

Page Total \$ 197.79



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Meika Penta				
To Whom Paid GoDaddy.com LLC			Date (MM/DD/YYYY) 10/5/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website Hosting		
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit	
To Whom Paid GoDaddy.com LLC			Date (MM/DD/YYYY) 11/4/2018	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website Hosting		
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit	
To Whom Paid GoDaddy.com LLC			Date (MM/DD/YYYY) 12/4/2019	Amount 19.20
Street Address 14455 N. Hayden Rd.		Purpose Website Hosting		
City Scottsdale	State AZ	Zip Code 85260	Check Number Debit	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State AR	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State AR	Zip Code	Check Number	

Page Total \$ 57.60



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Meika Penta					
From Whom Received Mike Penta				Prior Amount 0.00	Amt. Incurred this Period 250.00
Street Address 2467 23rd Street				Outstanding Balance 250.00	
City Cuyahoga Falls	State OH	Zip Code 44223	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 04/25/2018		Date of Loan (MM/DD/YYYY) 04/25/2018	Amount 250.00	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* Hotel Manager		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	Zip Code	Loans Received This Period		Payments This Period
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 \$ 0.00

Total Received This Period \$ 250.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 250.00 (also record on Form 30-A)