

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect John Pribonic						Registration Number, if PAC	
Full Name of Candidate John David Pribonic							
Street Address 4210 Cheval Circle				Office Sought Stow City Council At Large		District	
City Stow				State Ohio		Zip Code 44224	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2016		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
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 1 0 3 1 5	

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 for 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	\$	984	.99
2. Total monetary contributions (From Form No. 31-A)	\$	0	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	984	.99
5. Total monetary expenditures (From Form No. 31-B)	\$	51	.00
6. Balance on hand (line 4 minus line 5)	\$	933	.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	302	.10
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)	\$	1,000	.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.	\$	0	00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 26 AM 9:18
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 #516 AvC

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.

Cynthia Pribonic (Treasurer) Cynthia Pribonic 1/17/16
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 2

Other pages 15

Total pages 18

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee To Elect John Pribonic										
To Whom Paid							M	D	Y	Amount
Citizens Bank							1	2	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	1	2	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	2	2	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	3	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	4	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	5	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	6	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				
To Whom Paid							M	D	Y	Amount
Citizens Bank							0	7	3	\$ 2.00
Address				Purpose						
3323 Kent Road				Banking Expense						
City		State		Zip Code		Check Number				
Stow		Ohio		44224		EFT				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee To Elect John Pribonice			
To Whom Paid			M D Y Amount
Citizens Bank			08 31 16 \$2.00
Address		Purpose	
3323 Kent Road		Banking Expense	
City		State	Zip Code
Stow		Ohio	44224
Check Number			
EFT			
To Whom Paid			M D Y Amount
Citizens Bank			09 30 16 \$12.00
Address		Purpose	
3323 Kent Road		Banking Expense	
City		State	Zip Code
Stow		Ohio	44224
Check Number			
EFT			
To Whom Paid			M D Y Amount
Citizens Bank			10 31 16 \$7.00
Address		Purpose	
3323 Kent Road		Banking Expense	
City		State	Zip Code
Stow		Ohio	44224
Check Number			
EFT			
To Whom Paid			M D Y Amount
Citizens Bank			11 30 16 \$7.00
Address		Purpose	
3323 Kent Road		Banking Expense	
City		State	Zip Code
Stow		Ohio	44224
Check Number			
EFT			
To Whom Paid			M D Y Amount
Citizens Bank			12 31 16 \$7.00
Address		Purpose	
3323 Kent Road		Banking Expense	
City		State	Zip Code
Stow		Ohio	44224
Check Number			
EFT			
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <u>Committee To Elect John Pribonic</u>													
From Whom Received <u>John D. Pribonic</u>										Prior Amount <u>\$1,000-</u>		Amt. Incurred this Period	
Address <u>4210 Cheval Circle</u>												Outstanding Balance <u>\$1,000-</u>	
City <u>Stow</u>		State <u>Oh</u>		Zip Code <u>44224</u>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D		Y		M		D		Y		\$	
Date Loan was originally Incurred <u>06 21 11</u>													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D		Y		M		D		Y		\$	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D		Y		M		D		Y		\$	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D		Y		M		D		Y		\$	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

* 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).

¹ Total prior amount \$ 1,000-

² Total received this period \$ 0 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 1,000 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee To Elect John Pribonic			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
John D. Pribonic			
Street Address	Description of Item or Service	M D Y	Fair Market Value
4210 Cheval Circle	SMF Chamber Docs	0 13 11 6	\$52.50
City	State Zip Code	Received at Fundraising Event?	
Stow	Ohio 44224	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Cynthia Pribonic			
Street Address	Description of Item or Service	M D Y	Fair Market Value
4210 Cheval Circle	Parade Candy	0 7 0 1 1 6	\$199.60
City	State Zip Code	Received at Fundraising Event?	
Stow	Ohio 44224	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Cynthia Pribonic			
Street Address	Description of Item or Service	M D Y	Fair Market Value
4210 Cheval Circle		0 7 0 1 1 6	\$50-
City	State Zip Code	Received at Fundraising Event?	
Stow	Ohio 44224	<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	
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 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)]