

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>ELECT PENNY PINKSTON</b>						Registration Number, if PAC <b>N/A</b>		
Full Name of Candidate <b>PENELOPE PINKSTON</b>								
Street Address <b>800 CORNOVA AVENUE</b>						Office Sought <b>AKRON School Board</b>		District <b>AKRON SUMMIT</b>
City <b>AKRON</b>						State <b>OH</b>	Zip Code <b>44320</b>	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		✓ Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
						Annual Year <b>2016</b>		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
								D
								Y

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	\$	0.0
2. Total monetary contributions (From Form No. 31-A)	\$	50.00
3. Total other income (From Form No. 31-A-2)	\$	.
4. Total funds available (sum of lines 1, 2, 3)	\$	50.00
5. Total monetary expenditures (From Form No. 31-B)	\$	.
6. Balance on hand (line 4 minus line 5)	\$	50.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	81.47
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	.
12. Value of independent expenditures made (From Form No. 31-U)	\$	.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	.

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 JAN 31 PM 1:33  
BOARD OF ELECTIONS  
AKRON, OHIO

# 600 Ave

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.

Rochelle C. Henderson  
Print Name and Title (Treasurer and Deputy Treasurer only)

Rochelle C. Henderson 01/31/17  
Signature Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Elect Penny Pinkston			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Penelope Pinkston			
Street Address	Description of Item or Service	M	D
960 CORDOVA AVE	OFFICE SUPPLIES - STAPLES	07	26
City	State	Y	Fair Market Value
Akron		13	\$81.47
		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
City	State	Y	Fair Market Value
		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
City	State	Y	Fair Market Value
		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
City	State	Y	Fair Market Value
		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
City	State	Y	Fair Market Value
		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
City	State	Y	Fair Market Value
		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
City	State	Y	Fair Market Value
		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)]

# Statement of Contributions Received

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Name of Committee in Full <b>ELIOT PENNY PINKSTON</b>										
Full Name of Contributor <b>LARRY RODGERS</b>							Registration Number, if PAC			
Street Address <b>365 FAIRHILL DRIVE</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>			
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44313</b>		M <b>07</b>	D <b>13</b>	Y <b>#571-00</b>	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	Zip Code		M	D	Y	Amount		
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]