

#2562 DT



Committee Name Committee To Elect John Pribonic		Office Sought Stow Mayor		District
Street Address 4210 Cheval Circle		City Stow	State OH	Zip 44224
Candidate Name OR PAC Registration Number John D. Pribonic		Treasurer Name Cynthia Pribonic		Election Date (MM/DD/YYYY) 11/06/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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	# 5093.44
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	# 25.00
4. Total funds available (sum of lines 1, 2, 3)	# 5118.44
5. Total monetary expenditures (From Forms 31-B and 31-F)	# 4.00
6. Balance on hand (line 4 minus line 5)	# 5114.44
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	# 5,500.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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SUMMIT COUNTY
BOARD OF ELECTIONS

2018 DEC 11 PM 12:39

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44317

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

Cynthia A. Pribonic Treasurer
Signature of Treasurer or Deputy Treasurer

12/09/2018
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 6	Total Pages 7
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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee To Elect John Pribonic			
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 3323 Kent Road	Type* Refund	Date (MM/DD/YYYY) 11/07/2018	Form (Cash, Check, etc.) EFT
City Stow	State OH	Zip Code 44224	Amount \$25.00
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 Committee To Elect John Pribonic			
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 10/31/2018	Amount \$ 2.00
Street Address 3323 Kent Road		Purpose Banking Expense	
City Stow	State OH	Zip Code 44224	Check Number EFT
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 11/30/2018	Amount \$ 2.00
Street Address 3323 Kent Road		Purpose Banking Expense	
City Stow	State OH	Zip Code 44224	Check Number EFT
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 4.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee To Elect John Pribonic					
From Whom Received John D. Pribonic				Prior Amount \$ 5500.00	Amt. Incurred this Period
Street Address 4210 Cheval Circle					Outstanding Balance \$ 5500.00
City Stow	State OH	Zip Code 44224	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
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 \$ 5500.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 5500.00 (also record on Form 30-A)