

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Keep Judge Dave Lombard Committee					Registration Number, if PAC									
Full Name of Candidate Dave Lombardi														
Street Address 194 Kenilworth Dr.					Office Sought Akron Muni Court Judge			District Akron						
City Akron					State OH		Zip Code 44313							
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			1	M	1	0	D	3	1	Y	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(F) for details.

1. Amount brought forward from last report	\$	-929.47
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	1,100.00
4. Total funds available (sum of lines 1, 2, 3)	\$	170.53
5. Total monetary expenditures (From Form No. 31-B)	\$	110.00
6. Balance on hand (line 4 minus line 5)	\$	60.53
7. Value of in-kind contributions received (From Form No. 31-D)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-F2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	41,587.45
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.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 31 PM 3:57

BOARD OF ELECTIONS
AKRON, OHIO

#710 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.

Robin L Lombardi, Treasurer *Robt J. Lombardi* **01/30/2017**
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>0</u>	Expenditure pages <u>1</u>	Other pages <u>3</u>	Total pages <u>4</u>
-----------------------------	----------------------------	----------------------	----------------------

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Keep Judge Dave Lombardi Committee												
From Whom Received Margaret Lombardi						Prior Amount \$25,000.00		Amt. Incurred this Period \$0.00				
Address 459 Somerset Rd								Outstanding Balance \$25,000.00				
City Akron		State OH	Zip Code 44313			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0		0 6	1 2									
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received David Lombardi						Prior Amount \$15,487.45		Amt. Incurred this Period \$1,100.00				
Address 194 Kenilworth Dr								Outstanding Balance \$16,587.45				
City Akron		State OH	Zip Code 44313			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 1		2 4	1 5	0 9	2 0	1 6		\$1,100.00				
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		State	Zip Code			Loans Received This Period			Payments This Period			
OH						Date Amount			Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

* 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 \$ 40,487.45
- 2 Total received this period \$ 1,100.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 41,587.45 (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Keep Judge Dave Lombardi Committee					
Full Name Loans from Form 31-C			Registration Number, if PAC		
Address	Type* LN		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount \$1,100.00
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		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

Prescribed by Secretary of State 2/01

Name of Committee in Full Keep Judge Dave Lombardi Committee						
To Whom Paid John Freeman			M	D	Y	Amount
			0	8	3	\$10.00
Address 970 Newport Rd.		Purpose Refund donation overage				
City Akron	State OH	Zip Code 44303	Check Number 1353			
To Whom Paid Jason Wallace			M	D	Y	Amount
			0	8	3	\$50.00
Address 50 S. Main St		Purpose Refund donation overage				
City Akron	State OH	Zip Code 44308	Check Number 1352			
To Whom Paid Donald Walker			M	D	Y	Amount
			0	8	3	\$50.00
Address 175 Hunt Club Drive		Purpose Refund donation overage				
City Akron	State OH	Zip Code 44333	Check Number 1351			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State	Zip Code	Check Number			
	OH					