



Committee Name <i>Dave Lombardi for Judge Committee</i>		Office Sought <i>Summit County Common Pleas Judge</i>		District <i>Summit</i>
Street Address <i>194 Kenilworth Dr</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44313</i>
Candidate Name OR PAC Registration Number <i>Dave Lombardi</i>		Treasurer Name <i>Robin Lombardi</i>		Election Date (MM/DD/YYYY) <i>05/08/2018</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <i>2018</i>
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	<i>229.54</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>7,635.00</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>7,864.54</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>2,689.98</i>
6. Balance on hand (line 4 minus line 5)	<i>5,174.56</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>112.64</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>0</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>42,302.45</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>0</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>0</i>
12. Value of independent expenditures made (From Form 31-U)	<i>0</i>

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 APR 26 PM 3:42
 BOARD OF ELECTIONS
 AKRON, OHIO
 #21588

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

Robin Lombardi

Signature of Treasurer or Deputy Treasurer

04/25/2018

Date (MM/DD/YYYY)

Contribution Pages <i>1</i>	Expenditure Pages <i>4</i>	Other Pages <i>11</i>	Total Pages <i>17</i>
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**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Karen Arshinkoff			Registration Number, if PAC	
Street Address 466 W. Streetsboro St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Hudson		State OH	Zip Code 44236	Amount 100.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Dennis Galambos			Registration Number, if PAC	
Street Address 10402 Covington Lane		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Twinsburg		State OH	Zip Code 44087	Amount 25.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Colleen Campbell			Registration Number, if PAC	
Street Address 3636 Minor Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Copley		State OH	Zip Code 44321	Amount 35.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Alexandra Walker			Registration Number, if PAC	
Street Address 842 Lynnhaven Ln,		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Amanda Hagen			Registration Number, if PAC	
Street Address 30 Harcourt Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) check				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
6,635

Total Expenditures This Event
594.82

Page Total \$ 260.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee				
Dave Lombardi for Judge Committee				
Full Name of Contributor			Registration Number, if PAC	
Ronald Buzzelli				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3512 Keyser Pkwy		3/14/18	50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Cuyahoga Falls	OH <input type="checkbox"/>	44223	check	
Full Name of Contributor			Registration Number, if PAC	
John Lysenko				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
444 Ridgedale Dr.		3/14/18	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH <input type="checkbox"/>	44319	check	
Full Name of Contributor			Registration Number, if PAC	
Mary Stormer				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
4509 Rex Lake Rd.		3/14/18	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH <input type="checkbox"/>	44319	check	
Full Name of Contributor			Registration Number, if PAC	
Ray Weber				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
106 S. Main St., Ste 400		3/14/18	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH <input type="checkbox"/>	44308	check	
Full Name of Contributor			Registration Number, if PAC	
Mike Hoover				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
489 Crestview Ave.		3/14/18	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH <input type="checkbox"/>	44320	check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 450.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Brian Williams			Registration Number, if PAC	
Street Address 1576 Merline St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Cuyahoga Falls		State OH	Zip Code 44221	Form (Cash, Check, Etc) check
Full Name of Contributor David LaBate			Registration Number, if PAC	
Street Address 88 Paddison Ave.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, Etc) check
Full Name of Contributor Jeffrey James			Registration Number, if PAC	
Street Address 337 Hickory St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Akron		State OH	Zip Code 44303	Form (Cash, Check, Etc) check
Full Name of Contributor Becky Lucco			Registration Number, if PAC	
Street Address 2261 Saranac Ct.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, Etc) check
Full Name of Contributor Lance Reed			Registration Number, if PAC	
Street Address 3784 Fairway Park Dr. Apt 205		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Copley		State OH	Zip Code 44321	Form (Cash, Check, Etc) check

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 500.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Citizens for Jim Laria Committee			Registration Number, if PAC	
Street Address 600 Tamiami Trl		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) check	
Full Name of Contributor Theodore Lesiak			Registration Number, if PAC	
Street Address 225 S. Rose Blvd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) check	
Full Name of Contributor Nicholas Swrydenko			Registration Number, if PAC	
Street Address 1997 Fox Trace Trail		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) check	
Full Name of Contributor Bryan Williams			Registration Number, if PAC	
Street Address 2834 Orchard Grove Ct.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, Etc) check	
Full Name of Contributor E. Spencer Muse			Registration Number, if PAC	
Street Address 591 Reynolds Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 500.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Debbie Walsh			Registration Number, if PAC	
Street Address 38 Kuder Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 150.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44303	
		Form (Cash, Check, Etc) check		
Full Name of Contributor Gary Hagen			Registration Number, if PAC	
Street Address 30 Harcourt Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 200.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44313	
		Form (Cash, Check, Etc) check		
Full Name of Contributor Joe Masich			Registration Number, if PAC	
Street Address 4426 Sunnyview Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 200.00				
City Uniontown		State OH <input type="checkbox"/>	Zip Code 44685	
		Form (Cash, Check, Etc) check		
Full Name of Contributor Toby Alkire			Registration Number, if PAC	
Street Address 691 Mentor Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 200.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44303	
		Form (Cash, Check, Etc) check		
Full Name of Contributor Don Robart			Registration Number, if PAC	
Street Address 1745 Calvert Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 200.00				
City Cuyahoga Falls		State OH <input type="checkbox"/>	Zip Code 443223	
		Form (Cash, Check, Etc) check		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 950.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Paul Grant			Registration Number, if PAC	
Street Address 209 S. Main St., 8 th floor		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 300.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44308	Form (Cash, Check, Etc) check
Full Name of Contributor Robert Heffem			Registration Number, if PAC	
Street Address 1235 Romayne Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 600.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor George Stoll			Registration Number, if PAC	
Street Address 1535 Sand Run Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 600.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor Margaret Lombardi			Registration Number, if PAC	
Street Address 459 Somerset Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 1,000.00				
City Akron		State OH <input type="checkbox"/>	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor Sean Gaffney			Registration Number, if PAC	
Street Address 2101 N. Cleveland Massillon Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Bath		State OH <input type="checkbox"/>	Zip Code 44210	Form (Cash, Check, Etc) check

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 2600.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Donald Hicks			Registration Number, if PAC	
Street Address 159 S. Main St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/19/18
Amount 100.00				
City Akron		State OH	Zip Code 44309	Form (Cash, Check, Etc) cash
Full Name of Contributor Bernie Reed			Registration Number, if PAC	
Street Address 4143 Westbourne Blvd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 100.00				
City Akron		State OH	Zip Code 44321	Form (Cash, Check, Etc) cash
Full Name of Contributor Debbie Carr			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 50.00				
City		State OH	Zip Code	Form (Cash, Check, Etc) cash
Full Name of Contributor C. Mitseff <i>Cynthia mitseff</i>			Registration Number, if PAC	
Street Address 3051 Dewalt Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 25.00				
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) cash
Full Name of Contributor Denise Cook			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
Amount 50.00				
City		State OH	Zip Code	Form (Cash, Check, Etc) cash

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 325.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Justin Barnhart			Registration Number, if PAC	
Street Address 18 River Bidge Ln.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Murdoo Falls		State OH <input type="checkbox"/>	Zip Code 44262	Form (Cash, Check, Etc) check money order
Full Name of Contributor John Frank			Registration Number, if PAC	
Street Address 2080 Stockbridge Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Akron		State OH <input type="checkbox"/>	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor Dianne Newman			Registration Number, if PAC	
Street Address 1320 Oak Knoll Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Akron		State OH <input type="checkbox"/>	Zip Code 44333	Form (Cash, Check, Etc) check
Full Name of Contributor Trina Carter			Registration Number, if PAC	
Street Address 120 E. Mill St, Ste 437		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/14/18
City Akron		State OH <input type="checkbox"/>	Zip Code 44308	Form (Cash, Check, Etc) check
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 1050.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <i>Dave Lombardi for Judge Committee</i>				
To Whom Paid <i>Robin Lombardi</i>		Date (MM/DD/YYYY) <i>3/23/18</i>		Amount <i>594.82</i>
Street Address <i>194 Kenilworth Dr</i>		Purpose <i>food + beverage + invitations</i>		
City <i>Akron</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>44313</i>	Check Number <i>1120</i>	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 594.82



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Rosemary Lombardi			Registration Number, if PAC	
Street Address 557 Park Ridge Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Monroe Falls	State OH	Zip Code 44262	Date (MM/DD/YYYY) 02/26/2018	Amount 1,000.00
Full Name of Contributor Contributions from Form #31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount 6,635.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Dave Lombardi for Judge Committee					
From Whom Received Margaret Lombardi				Prior Amount 25,000.00	Amt. Incurred this Period
Street Address 459 Somerset Rd					Outstanding Balance 25,000.00
City Akron	State OH	Zip Code 44313	Loans Received This Period	Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 10/06/2012		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 David Lombardi				Prior Amount 17,302.45	Amt. Incurred this Period
Street Address 194 Kenilworth Dr					Outstanding Balance 17,302.45
City Akron	State OH	Zip Code 44313	Loans Received This Period	Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 01/24/2015		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

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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 \$ 42,302.45

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 \$ 42,302.45 (also record on Form 30-A)



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Dave Lombardi for Judge Committee				
Full Name of Contributor Summit County Republican Party		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1755 Merriman Rd # 250		Description of Item or Service Card stock		Date (MM/DD/YYYY) 04/02/2018
City Akron		State OH	Zip Code 44313	Received at Fundraising Event? <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		Date (MM/DD/YYYY)
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		Date (MM/DD/YYYY)
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		Date (MM/DD/YYYY)
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		Date (MM/DD/YYYY)
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		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for contributions from individuals over \$100 in calendar and general assembly cycles. If contribution is self-employed, provide address and name of the individual's business, if any, rather than the contribution source. If contribution is from an organization, provide the name of the organization and its address. If contribution is from a PAC, provide the name of the PAC and its address. If contribution is from a political committee, provide the name of the committee and its address. If contribution is from a candidate, provide the name of the candidate and their address. If contribution is from a political party, provide the name of the party and its address. If contribution is from a political action committee (PAC), provide the name of the PAC and its address. If contribution is from a political committee, provide the name of the committee and its address. If contribution is from a candidate, provide the name of the candidate and their address. If contribution is from a political party, provide the name of the party and its address. If contribution is from a political action committee (PAC), provide the name of the PAC and its address. If contribution is from a political committee, provide the name of the committee and its address.

\$ 112.64



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Dave Lombardi for Judge Committee			
To Whom Paid US Bank		Date (MM/DD/YYYY) 04/17/2018	Amount 503.95
Street Address 195 S main St		Purpose Prepaid debit card for Facebook Advertising	
City Akron	State OH	Zip Code 44308	Check Number ENT
To Whom Paid US PO		Date (MM/DD/YYYY) 04/16/18	Amount 200.00
Street Address 2711 W. market St		Purpose Postage Stamps	
City Akron	State OH	Zip Code 44333	Check Number ENT
To Whom Paid US Bank		Date (MM/DD/YYYY) 02/14/18	Amount 16.00
Street Address 195 S. Main St		Purpose Domestic Fee	
City Akron	State OH	Zip Code 44308	Check Number ENT
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY) 03/14/2018	Amount 594.82
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Fed Ex		Date (MM/DD/YYYY) 04/06/2018	Amount 93.91
Street Address 322 E. Exchange St		Purpose Printing	
City Akron	State OH	Zip Code 44304	Check Number ENT

Page Total \$ 1408.68
~~2000.00~~



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Dave Lombardi for Judge Committee			
To Whom Paid Red Hill Ohio USPO		Date (MM/DD/YYYY) 04/07/2018	Amount 400.00
Street Address 2711 W. Market St		Purpose Stamps	
City Akron	State OH	Zip Code 44333	Check Number ENT
To Whom Paid USPO		Date (MM/DD/YYYY) 04/12/2018	Amount 150.00
Street Address 2711 W. Market St		Purpose Postage stamps	
City Akron	State OH	Zip Code 44333	Check Number ENT
To Whom Paid US Bank		Date (MM/DD/YYYY) 04/13/2018	Amount 4.00
Street Address 195 S Main St		Purpose Bank fee	
City Akron	State OH	Zip Code 44308	Check Number ENT
To Whom Paid Marathon		Date (MM/DD/YYYY) 04/14/2018	Amount 8.94
Street Address 569 W. Market		Purpose gas for sign installer	
City Akron	State OH	Zip Code 44303	Check Number ENT
To Whom Paid Circle K		Date (MM/DD/YYYY) 04/15/2018	Amount 8.14
Street Address 4155 S. Cleve. Massillon Rd		Purpose gas for sign installer	
City Norton	State OH	Zip Code 44203	Check Number ENT

Page Total \$ 571.08



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Dove Lombardi for Judge Committee			
To Whom Paid Ace Hardware		Date (MM/DD/YYYY) 04/02/2018	Amount 7.46
Street Address 1592 W. Market St.		Purpose zip ties for signs	
City Akron	State OH	Zip Code 44313	Check Number ENT
To Whom Paid Speedway 030369		Date (MM/DD/YYYY) 04/02/2018	Amount 11.34
Street Address 9 N. Cleve. Mass Rd.		Purpose gas for sign installer	
City Akron	State OH	Zip Code 44333	Check Number ENT
To Whom Paid Circle K 05582		Date (MM/DD/YYYY) 03/30/2018	Amount 10.02
Street Address 1693 W. Market St.		Purpose gas for sign installer	
City Akron	State OH	Zip Code 44313	Check Number ENT
To Whom Paid Ace Hardware		Date (MM/DD/YYYY) 03/27/2018	Amount 12.80
Street Address 1592 W. Market St.		Purpose zip ties for signs	
City Akron	State OH	Zip Code 44313	Check Number ENT
To Whom Paid Ace Hardware		Date (MM/DD/YYYY) 03/26/2018	Amount 12.80
Street Address 1592 W. Market St.		Purpose zip ties for signs	
City Akron	State OH	Zip Code 44313	Check Number ENT

Page Total \$ 54.42



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Dave Lombardi for Judge Committee</i>			
To Whom Paid <i>Shamrock Cultural Charities</i>		Date (MM/DD/YYYY) <i>02/24/2018</i>	Amount <i>50.00</i>
Street Address <i>2000 Brown St</i>		Purpose <i>Parade fee</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44301</i>	Check Number <i>1118</i>
To Whom Paid <i>Donahue</i>		Date (MM/DD/YYYY) <i>02/28/2018</i>	Amount <i>115.80</i>
Street Address <i>11205 Helber Rd.</i>		Purpose <i>Pins</i>	
City <i>Logan</i>	State <i>OH</i>	Zip Code <i>43130</i>	Check Number <i>1119</i>
To Whom Paid <i>Victims Asst. Program</i>		Date (MM/DD/YYYY) <i>03/03/2018</i>	Amount <i>110.00</i>
Street Address <i>150 Furnace St</i>		Purpose <i>Charity contribution event</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44304</i>	Check Number <i>counter check</i>
To Whom Paid <i>Copley Fire Association</i>		Date (MM/DD/YYYY) <i>03/03/2018</i>	Amount <i>80.00</i>
Street Address <i>1540 1540 S. Cleve. Mass Rd</i>		Purpose <i>ticket to FR event</i>	
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Check Number <i>countercheck</i>
To Whom Paid <i>Robin Lombardi</i>		Date (MM/DD/YYYY) <i>03/23/2018</i>	Amount <i>300.00</i>
Street Address <i>194 Kenilworth Dr</i>		Purpose <i>tickets for Walsh POKNOW FR.</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Check Number <i>1121</i>

Page Total \$ 655.80