



1042

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name <i>Friends of Tony Dimacchia</i>		Office Sought		District
Street Address <i>228 Delaware Ave.</i>		City <i>Lorain</i>	State <i>OH</i>	Zip <i>44052</i>
Candidate Name OR PAC Registration Number <i>Tony Dimacchia (Anthony J. Dimacchia)</i>		Treasurer Name <i>Bambi Dillon</i>		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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>2021</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>2480.89</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>4135.00</i>
3. Total other income (From Form 31-A-2)	<i>—</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>6615.89</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>2641.93</i>
6. Balance on hand (line 4 minus line 5)	<i>3973.96</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2011 OCT 20 P 2
 LORAIN COUNTY BOARD OF ELECTIONS

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

Bambi Dillon

10/20/2021

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
4

Other Pages
6

Total Pages
12

Last Updated 09/2017



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

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

Full Name of Committee <i>Friends of Tony Dimacchia</i>				
Full Name of Contributor <i>Cash</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>03/10/2021</i>	Amount <i>3385.00</i>	
City	State <input type="text"/>	Zip Code	Form (Cash, Check, Etc) <i>Cash</i>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <input type="text"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <input type="text"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <input type="text"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <input type="text"/>	Zip Code	Form (Cash, Check, Etc)	

* 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
3385.00

Total Expenditures This Event
1477.50

Page Total \$ *3385.00*



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Friends of Tony Dimacchia</i>				
Full Name of Contributor <i>Lorain Democrat Womens Club</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44053</i>	Date (MM/DD/YYYY) <i>09/16/2021</i>	Amount <i>750.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	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	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	Zip Code	Date (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)]

Page Total 750.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Tony Dimacchia			
To Whom Paid Lorain County Board of Elections		Date (MM/DD/YYYY) 01/25/2021	Amount 45.00
Street Address 1985 N. Ridge Rd.		Purpose Filing Fee	
City Lorain	State OH	Zip Code 44055	Check Number 4122
To Whom Paid Super Printer		Date (MM/DD/YYYY) 02/04/2021	Amount 216.70
Street Address 1925 N. Ridge Road		Purpose Chasing Mailers	
City Lorain	State OH	Zip Code 44055	Check Number 1124
To Whom Paid U.S. Postmaster		Date (MM/DD/YYYY) 02/04/2021	Amount 83.87
Street Address U.S. Postmaster Amherst		Purpose Postage	
City Amherst	State OH	Zip Code 44001	Check Number 1125
To Whom Paid Kiki Boldstein		Date (MM/DD/YYYY) 02/23/2021	Amount 40.00
Street Address		Purpose Benefit for C. Haffley	
City	State OH	Zip Code	Check Number 1121
To Whom Paid Lorain FOP Lodge #13		Date (MM/DD/YYYY) 03/21/2021	Amount 80.00
Street Address 100 W. Erie Ave.		Purpose Fundraiser	
City Lorain	State OH	Zip Code 44052	Check Number 1127

Page Total \$ 465.57



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Tony Dimacchia</i>			
To Whom Paid <i>USW Local 6621</i>		Date (MM/DD/YYYY) <i>06/05/2021</i>	Amount <i>180.00</i>
Street Address <i>942 Mildred Ave</i>		Purpose <i>Golf Outing Fundraiser</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1120</i>
To Whom Paid <i>LHS Football Team</i>		Date (MM/DD/YYYY) <i>08/21/2021</i>	Amount <i>50.00</i>
Street Address <i>2600 Ashland Ave.</i>		Purpose <i>Night @ Races Fundraiser</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1128</i>
To Whom Paid <i>Citizens For Lorain Schools</i>		Date (MM/DD/YYYY) <i>10/01/2021</i>	Amount <i>100.00</i>
Street Address <i>228 Delaware Ave</i>		Purpose <i>Donation - School Levy</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1131</i>
To Whom Paid <i>Super Printer</i>		Date (MM/DD/YYYY) <i>10/04/2021</i>	Amount <i>227.91</i>
Street Address <i>1925 N. Ridge Rd</i>		Purpose <i>Chasing - Absentee mailer</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44055</i>	Check Number <i>1132</i>
To Whom Paid <i>U.S. Postmaster</i>		Date (MM/DD/YYYY) <i>10/04/2021</i>	Amount <i>90.95</i>
Street Address <i>Leavitt Rd - Amherst</i>		Purpose <i>Postage chasing</i>	
City <i>Amherst</i>	State <i>OH</i>	Zip Code <i>44001</i>	Check Number <i>1133</i>

Page Total \$ 648.86



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Tony Dimacchia</i>			
To Whom Paid <i>I.A.V. Post 1</i>		Date (MM/DD/YYYY) <i>10/04/2021</i>	Amount <i>50.00</i>
Street Address <i>4567 Oberlin Ave</i>		Purpose <i>Donation - Event Sponsor</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44053</i>	Check Number <i>1134</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ *50.00*

JON HUSTED
Ohio Secretary of State



Date 3/10/2021 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <i>Friends of Tony Dimacchia</i>				
To Whom Paid <i>Fligners</i>		Date (MM/DD/YYYY) <i>03/09/2021</i>		Amount <i>1477.50</i>
Street Address <i>1854 Broadway</i>		Purpose <i>Fundraiser</i>		
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1126</i>	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	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 \$ 1477.50