30-A R.C. 3517.10

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee				Registration Number, if PAC			
Citizens for Dayt	ton's Future					1 al martin	
Full Name of Candidate					61531 - VS		
				and we have		A. A. Said	
Street Address			Office Sought		Distri	ct	
207 E. 6th St. # 305	;		A State of the second	1.110.00			
City				State Zip Code			
Dayton				OH	45402	Contraction in the	
Type of Report	Pre-Primary	Post-Primary	Pre-General	Post-Ge	eneral X	Annual Year 2014	
(place X to the left of report	July	August	September			Semiannual	
type)	Monthly	Monthly	Monthly	Termin	ation		
Amended Report?	No Report Electr	ronically filed? Yes 🗹 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 at 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	\$ 18,586.81	
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$ 4.68	
4. Total funds available (sum of lines 1, 2, 3)	\$ 18,591,49	2015 JAN 23
5. Total monetary expenditures (From Form No. 31-B)	\$ MER 0	JAN 2
6. Balance on hand (line 4 minus line 5)	\$ 18,591.49	3 PH
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ ALM 0110	H 3: 28
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 945 15	28
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)	\$	
<ol> <li>For Electronic Filing Entities only</li> <li>Sum of lines 2, 7 and amount of any new loans received this period</li> </ol>	\$	

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

Joseph Lacey, Treasurer Print Name and Title (Treasurer and Deputy Treasure

mit	Name and The (Trea
ſ	Contribution
	pages

REE	1
	/
Other	-
pages	1

1/2	3/15		
- Ada	Date		
Total	1		
ages	1		

RECEIVED

31-A-2 R.C. 3517.10(B)

## **Statement of Other Income**

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Dayton's Future		and the second second	Registrat	ion Num	ber, if PA	NC.	and the second
Fifth Third Bank			Registrat	ion real	1001, 11 1 7	ne.	
Address	Type*	NAME AND ADDRESS OF TAXABLE	М	D	Y	Amount	
	IN		0 7	3 1	14		0.79
City	State	Zip Code	Form(Ca				
Cincinnati	O H	45263			posit		
Full Name			Registrat	ion Num	ber, if PA	AC	A BARREN
Fifth Third Bank			a land		N. LA	in the second	
Address	Type*		M	D	Y	Amount	0.70
C'	I N		0 8 Form(Ca	3 1		a state	0.79
Cincinnati	State O H	Zip Code					
Cincinnati Full Name	ОП	45263			posit		
Fifth Third Bank			Registiat	ion riun	1001, 11 17	ic	
Address	Type*		М	D	Y	Amount	
	IN		0 9			S. Sel	0.76
City	State	Zip Code	Form(Ca	sh,Check	k,etc)		011 0
Cincinnati	OH	45263	Dire	ct de	posit		
Full Name			Registrat	ion Num	ber, if PA	AC .	
Fifth Third Bank		and the second second		-	1.1	in the	Minister
Address	Type*		М	D	Y	Amount	
	I N		10			minipula	0.79
City	State	Zip Code	Form(Cas				
Cincinnati Full Name	O H	45263	Registrat		posit		
Fifth Third Bank			Registrat	ion Num	ber, II PA	ic.	
Address	Type*	THE REPORT OF THE REPORT	M	D	Y	Amount	
, Nuclos	I N				14		0.76
City	State	Zip Code	Form(Cas				0.70
Cincinnati	$O \mid H$	45263			posit		
Full Name			Registrati				
Fifth Third Bank				. de	anni		All and a second
Address	Type*		M	D	Y	Amount	
	I N	- 在1999年中的制度	1 2	3 1	1 4		0.79
City	State	Zip Code	Form(Cas				
Cincinnati	O H	45263			posit	C	
Full Name			Registrati	on Num	ber, if PA	iC	
Address	Type*		М	D	Y	Amount	Acres 10
		治疗 法法法国法公司的			and M		Receiver
City	State	Zip Code	Form(Cas		(,etc)		
Full Name		L	Registrati			C	
Address	Tunat	No. No. of Concession, Name	M	D	Y	Amount	and and a second of
Address	Type*		IVI			Amount	
City	State	Zip Code	Form(Cas	sh,Check	c,etc)		

\* 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, place the letters 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.

Page Total	\$	4.68
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