

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Dayton's Future						Registration Number, if PAC		
Full Name of Candidate								
Street Address 207 E. 6th St. # 305				Office Sought		District		
City Dayton					State O H		Zip Code 45402	
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			Annual Year	
	<input type="checkbox"/> July <input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> August <input type="checkbox"/> Monthly	<input type="checkbox"/> September <input type="checkbox"/> Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> X		Semiannual 2015	
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		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	\$ 18,591.49
2. Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	2.31
4. Total funds available (sum of lines 1, 2, 3)	\$ 18,593.80
5. Total monetary expenditures (From Form No. 31-B)	\$
6. Balance on hand (line 4 minus line 5)	\$ 18,593.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
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)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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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 Treasurer only)

Signature

7/30/15

Date

Contribution pages _____

Expenditure pages _____

Other pages <u>1</u>

Total pages <u>1</u>

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens for Dayton's Future					
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	1	3
			1	1	5
			Amount		0.76
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	2	2
			8	1	5
			Amount		0.29
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	3	3
			1	1	5
			Amount		0.32
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	4	3
			0	1	5
			Amount		0.31
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	5	3
			1	1	5
			Amount		0.32
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Fifth Third Bank					
Address	Type*		M	D	Y
	I N		0	6	3
			0	1	5
			Amount		0.31
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H	45263	Direct deposit		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
			Direct deposit		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,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.