

0.00

0.00

			Prescribed by Secretary	of State 3/05				
Full Name of Committee					Re	egistration Num	ber, if P	AC
Citizens for I	Dayton'	's Future						
all Name of Candidate								
reet Address	-			Office Soug	ght		District	
207 E. 6th St. #	305							
y					State	Zip Cod	e	
Dayton	3800	·			0	H 454	02	T
e of Report		Pre-Primary	Post-Primary	Pre-General	Po	st-General		Annual Yea
ce X to the left of report		July	August	September			7/	Semiannual
)		Monthly	Monthly	Monthly	Te	rmination	X	2016
ended Report?	✓ No		ronically filed? Yes No	Date of Election	M		D	Y
	1. Amo	unt brought forward from	n last report	\$	18	,595.70		
	2. Total	I monetary contributions	(From Form No. 31-A)	\$	11	2.00		
	3. Total	l other income (From For	\$ (From Form No. 31-A-2)			138		
	4, Total	I funds available (sum of	lines 1, 2, 3)	18,599.08			RECEIVED	
	5. Total	I monetary expenditures ((From Form No. 31-B)	\$	9	00.000	9 AI	İ
	6. Balar	nce on hand (line 4 minus	s line 5)	\$	9	,599.08	=	
	7. Value	e of in-kind contributions	s received (From Form No. 31-J-1	\$	111	0.00	03	
	8, Value	e of in-kind contributions	s made (From Form No. 31-J-2)	\$		0.00		
	9. Outst	tanding loans owed by co	ommittee (From Form No. 31-C)	\$		0.00		
	Capatoencolory	THE THREE THE STATE OF STREET SHEET SHEET	A STATE OF THE PROPERTY OF THE PARTY OF THE	64 Tak 1 4 5		0.00	ı	

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 7/29/16 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date Contribution Expenditure Other Total pages pages pages pages 3

11. Outstanding loans owed to committee (From Form No. 31-K)

13. For Electronic Filing Entities only

12. Value of independent expenditures made (From Form No. 31-U)

Sum of lines 2, 7 and amount of any new loans received this period

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Statement of Other Income

Prescribed by Secretary of State 2/01

					1	
Name of Committee in Full						
Citizens for Dayton's Future						
Full Name			Registration Number	er, if PAC		
Fifth Third Bank						
Address	Type*		M D	Y Amount		
	IN		0 1 2 9	1 6	0.31	
City	State	Zip Code	Form(Cash,Check,e	ENGRESS BOOK STORY		
Cincinnati	OH	45263	Direct dep	osit		
Full Name			Registration Number	er, if PAC		
Fifth Third Bank						
Address	Type*	Section of the Color of	M D	Y Amount		
	IN		0 2 2 9	1 6	0.29	
City	State	Zip Code	Form(Cash,Check,e	etc)		
Cincinnati	ОН	45263	Direct dep	osit		
Full Name			Registration Number	er, if PAC		
Fifth Third Bank						
Address	Type*	海经济2000年11月26日	M D	Y Amount		
	IN		0 3 3 1	1 6	0.31	
City	State	Zip Code	Form(Cash,Check,e	etc)		
Cincinnati	ОН	45263	Direct dep	osit		
Full Name			Registration Number	er, if PAC		
Fifth Third Bank						
Address	Type*	STATE OF COLOR	M D	Y Amount		
	IN	the transfer of the second second second	0 4 2 9		0.30	
City	State	Zip Code	Form(Cash,Check,e	TOWNS IN THE SECOND STATES		
Cincinnati	OH	45263	Direct dep			
Full Name			Registration Number, if PAC			
Fifth Third Bank						
Address	Type*		M D	Y Amount	0.45	
	IN	Assimilar School Street		1 6	0.17	
City	State	Zip Code	Form(Cash,Check,e			
Cincinnati	ОН	45263	Direct dep	AND PROPERTY.		
Full Name			Registration Number			
All		-	W I D I	v 1.		
Address	Type*	. A.	M D	Y Amount		
City	Ctata	Zip Code	Form(Cash,Check,e	40)	arole Karl March 1994 and the	
City	State	Zip Code	Direct dep			
Full Name			Registration Number		在中国中国共和国	
Tuli Name			Registration Number	a, ii FAC	143	
Address	Type*	Secretary State of Control	MD	Y Amount		
. 100.050	1,500			1 / Infount		
City	State	Zip Code	Form(Cash,Check,e	etc)	enth Chellen L. Vest	
	State	Zip code		Direct deposit		
Full Name			Registration Number, if PAC			
			Translation 1 tumbe	,		
Address	Type*	Vertical Microsoft of the Court	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check,e	etc)	14 NO. 12 OF T	
* Place the two letter code in the Type block (one lette	r per square) which indicates the metro	ra of the Other Incom- Descri	ived, DE for a refur 1	anahad shook or the		

^{*} 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.

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Citizana for Darriania Estara									
Citizens for Dayton's Future Full Name of Contributor			Registra	ation Num	ber, if PA	C			
Joseph Lacey			ice gisti		, 11 17				
Street Address	Employer/Occi	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)			
207 E 6th St #305	Employer occu			Cash					
207 E 011 St #303	State	Zip Code	M	D	Y	Amount			
	O H					2.0			
Dayton Full Name of Contributor	0 5 0 5 1 6 2.0 Registration Number, if PAC								
					,				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount			
					1.				
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)			
Cit	Charles	7:- 0-1-	LV	L	Ιv				
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor			Registra	ation Num	her if PA	C			
Tail Name of Controllor			Registre	idon radii	ioci, ii i i				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
olly .	Julia	Zip code	***			, anoun			
Full Name of Contributor		1.1977	Registra	ntion Num	ber, if PA	c			
Street Address	Employer/Occu	n*		Form (Cash, Check, etc.)					
City	State	Zip Code	M	D	Y	Amount			
Evil Name of Contributor			Dagistos	diam Niver	han if DA	C			
Full Name of Contributor			Registra	ation Num	iber, ii FA	ic .			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			F				
City	State	Zip Code	М	D	Y	Amount			
City	State	Zip Code			1	Amount			
full Name of Contributor			Registra	ation Num	ber, if PA	ic .			
0	E 1 10	pation/Labor Organizatio				In (0.1.0)			
Street Address	Employer/Occu	n*		Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor			Registra	ation Num	ber, if PA	C			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
	State		1						

Page Total \$ 2.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Dayton's Future							
To Whom Paid			M	D	Y	Amount	
Triton West, LLC			0 5		1 6	9,000.00	
Address	Purpose						
2360 Corporate Circle, Suite 400	polling	r l					
City	State	Zip Code	Check ?	da Sent Time 52			
Henderson	NV						
To Whom Paid		89074	M	D	Y	Amount	
Address	Purpose						
City	State	Check Number					
To Whom Paid	9		M	D	Y	Amount	
Address	Purpose					Last de la fait	
City	State	Zip Code	Check Number			and processes	
To Whom Paid		44.4	М	D	Y	Amount	
Address	Purpose		3 (12 A) (2 A) (2 A)				
City	State	Zip Code	Check Number			177 State of the S	
To Whom Paid			М	D	Y	Amount	
Address	Purpose	ap. a					
City	State	Zip Code	Check Number				
To Whom Paid		11.00	М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose		1				
City	State	Zip Code	Check	Number		Talk to the terms of the terms	