

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Dayton's Future</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>207 E. 6th St. # 305</b>						Office Sought		District	
City <b>Dayton</b>						State <b>O H</b>		Zip Code <b>45402</b>	
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 <b>2016</b>			
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	\$ 18,595.70
2. Total monetary contributions (From Form No. 31-A)	\$ 2.00
3. Total other income (From Form No. 31-A-2)	\$ 1.38
4. Total funds available (sum of lines 1, 2, 3)	\$ 18,599.08
5. Total monetary expenditures (From Form No. 31-B)	\$ 9,000.00
6. Balance on hand (line 4 minus line 5)	\$ 9,599.08
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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

7/29/16  
Date

Contribution  
pages 1

Expenditure  
pages 1

Other  
pages 1

Total  
pages 3

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dayton's Future</b>							
Full Name <b>Fifth Third Bank</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	1	2	9	1   6
							0.31
City	State	Zip Code	Form(Cash,Check,etc)				
Cincinnati	O   H	45263	Direct deposit				
Full Name <b>Fifth Third Bank</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	2	2	9	1   6
							0.29
City	State	Zip Code	Form(Cash,Check,etc)				
Cincinnati	O   H	45263	Direct deposit				
Full Name <b>Fifth Third Bank</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	3	3	1	1   6
							0.31
City	State	Zip Code	Form(Cash,Check,etc)				
Cincinnati	O   H	45263	Direct deposit				
Full Name <b>Fifth Third Bank</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	4	2	9	1   6
							0.30
City	State	Zip Code	Form(Cash,Check,etc)				
Cincinnati	O   H	45263	Direct deposit				
Full Name <b>Fifth Third Bank</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	5	3	1	1   6
							0.17
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)				
			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.



# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Dayton's Future</b>							
Full Name of Contributor <b>Joseph Lacey</b>					Registration Number, if PAC		
Street Address <b>207 E 6th St #305</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>H 45402</b>	M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>2.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dayton's Future</b>									
To Whom Paid <b>Triton West, LLC</b>						M	D	Y	Amount
						0	5	0	1
						1	6		9,000.00
Address <b>2360 Corporate Circle, Suite 400</b>				Purpose <b>polling</b>					
City <b>Henderson</b>				State <b>N V</b>		Zip Code <b>89074</b>		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address									
City				State		Zip Code		Check Number	