

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee NEIGHBORHOODS FOR DAYTON'S FUTURE						Registration Number, if PAC				
Full Name of Candidate										
Street Address 139 RAVELLE CT				Office Sought		District				
City DAYTON				State OH		Zip Code 45420				
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	<input checked="" type="checkbox"/>	Annual Year 2011
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input 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 for 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	\$	38837	00
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$	227	00
4. Total funds available (sum of lines 1, 2, 3)	\$	39064	00
5. Total monetary expenditures (From Form No. 31-B)	\$	17000	00
6. Balance on hand (line 4 minus line 5)	\$	22064	00
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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BOARD OF ELECTIONS
MONTHLY REPORTS

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.

Michael J Veeler

TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael J Veeler
Signature

1-12-2011
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full NEIGHBORHOODS FOR DAYTON'S FUTURE											
To Whom Paid MYERS RESEARCH & STRATEGIC SERVICES							M	D	Y	Amount	
Address 6335 CARDINAL BREEK CT							Purpose POLLING SERVICE				
City SPRINGFIELD,							State VA		Zip Code 22151		Check Number 1550
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full NEIGHBORHOODS FOR DRYDEN'S FUTURE				Registration Number, if PAC			
Full Name CODE CASH UNDER				Registration Number, if PAC			
Address 355 W. MONUMENT		Type* LN		M 12	D 31	Y 11	Amount 227
City DAYTON		State OH	Zip Code 45402	Form(Cash, Check, etc) CASH			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
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.