30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

ANNUAL
2016

Full Name of Committee	Registration Number, if PAC
NEIGHBORHOODS FOR DAYTONS FUTURE	

Full Name of Candidate

Street Address	Office Sought	District
239 RAVELLE CT		

City	State	Zip Code
DAYTON	*OH*	*45420*

Type of Report (place X to the left of report type)		Pre-Primary	Post-Primary	Pre-General	Post-General	Annual Year *2016*
		July Monthly	August Monthly	September Monthly	Termination	Semiannual

Amended Report? ☐ Yes ☐ No	Report Electronically 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 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	$	*51969*	*67*
2. Total monetary contributions (From Form No. 31-A)	$		
3. Total other income (From Form No. 31-A-2)	$		
4. Total funds available (sum of lines 1, 2, 3)	$	*51969*	*67*
5. Total monetary expenditures (From Form No. 31-B)	$	*1051*	*33*
6. Balance on hand (line 4 minus line 5)	$	*50918*	*34*
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.	$	*50918*	*34*

2017 JAN 30 PM 12:54
BOARD OF ELECTIONS MONTGOMERY COUNTY OHIO
RECEIVED

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

Signature

12-30-17
Date

Contribution pages *0*	Expenditure pages *1*	Other pages *0*	Total pages *2*

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full							
NEIGHBORHOODS FOR DAYTONS FUTURE.							

To Whom Paid			M	D	Y	Amount	
CODE CU			1 2	3 0	1 6	1051.33	
Address 351 W. MONUMENT AV.	Purpose VISA PMT						
City DAYTON	State OH	Zip Code 45402	Check Number 1643				
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				
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				

Page Total $ _____