

# Montgomery County Democratic Party Political

30-A  
R.C. 3517.10

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Montgomery County Democratic Party</b>				Registration Number, if PAC				
Full Name of Candidate <b>Political Account</b>								
Street Address <b>313 S. Jefferson Street, #102</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)	Pre-Primary	Post-Primary	Pre-General	X	Post-General		Annual Year	
	July Monthly	August Monthly	September Monthly		Termination		Semiannual	
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 <b>1</b>	D <b>1</b>	Y <b>7</b>

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.

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1. Amount brought forward from last report	\$ <b>77,569.39</b>
2. Total monetary contributions (From Form No. 31-A)	\$ <b>26,160.15</b>
3. Total other income (From Form No. 31-A-2)	\$ <b>1.73</b>
4. Total funds available (sum of lines 1, 2, 3)	\$ <b>103,731.27</b>
5. Total monetary expenditures (From Form No. 31-B)	\$ <b>79,002.95</b>
6. Balance on hand (line 4 minus line 5)	\$ <b>24,728.32</b>
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)	\$ <b>850.00</b>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ <b>35,000.00</b>
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	\$

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.

**Meghan Thomas, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**12/14/2017**

Date

Contribution pages <b>4</b>	Expenditure pages <b>39</b>	Other pages <b>5</b>	Total pages <b>48</b>
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Montgomery County Democratic Party</b>					
Full Name of Contributor <b>See Data 31-A --TOTAL \$26,160.15</b>			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City 	State 	Zip Code 	M 	D 	Y 
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 
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 
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 
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 
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 
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 
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 
Full Name of Contributor				Registration Number, if PAC	

\* 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)]

Date	Amount	Purpose	Form	First	Last	Committee	Address	City	State	Zip
10/22/2017	\$200.00	Donation	Check	Carolyn	Rice		1135 Green Tree Dr	Kettering	OH	45429-6104
10/25/2017	\$200.00	Donation	Check	Rex	Dickey		7085 Taywood Rd	Englewood	OH	45322-2713
10/26/2017	\$500.00	GOTV	Check	Juan	Cespedes		1011 Delaware Ave	Columbus	OH	43201-3373
10/28/2017	\$450.00	GOTV	Check			ABHWG Committee	227 Green St	Dayton	OH	45402-2935
10/28/2017	\$8,225.00	Donation	Check			Committee to Elect Jeffrey Mims Jr	40 Shannon St	Dayton	OH	45402-8330
10/28/2017	\$250.00	Donation	Check			Friends of Zebulon Music	9508 Springwater Ln	Miamisburg	OH	45342-4550
10/28/2017	\$4,550.00	Donation	Check			Friends of Jocelyn Rhynard	107 McDaniel St	Dayton	OH	45405-4819
10/28/2017	\$61.75	Donation	Check	Marshall	Lachman		1731 Heritage Lake Dr	Centerville	OH	45458-6067
10/28/2017	\$1,088.25	Donation	Check	Marshall	Lachman		1731 Heritage Lake Dr	Centerville	OH	45458-6067
10/28/2017	\$150.00	GOTV	Check			Friends of Jocelyn Rhynard Joey D Williams For City Commission	107 McDaniel St	Dayton	OH	45405-4819
10/28/2017	\$8,225.00	Donation	Check				1229 Sunnyview Ave	Dayton	OH	45406-1927
10/28/2017	\$50.00	f2017	Check	Anna	Fernandez		3601 Kingswood Dr	Dayton	OH	45429-4317
10/28/2017	\$200.00	Donation	Check	Mark	Owens		3927 Saddle Ridge Cir	Dayton	OH	45424-4874
10/31/2017	\$80.00	Donation	Cash	Timothy	O'Connell		400 Avon Way	Dayton	OH	45429-1434
11/3/2017	\$500.00	GOTV	Check			Trotwood Democratic Club	704 N Eppington Dr	Trotwood	OH	45426-2520
11/3/2017	\$75.15	GOTV	Cashier's Check	Toni Perry	Gillispie		4404 Broadbush Dr	Dayton	OH	45426-1906
11/6/2017	\$10.00	Mem2018	Credit Card	Jan	Vargo		6878 Evergreen Cir	Dayton	OH	45424-3985
11/7/2017	\$35.00	Mem2018	Credit Card	Tim	Benford		132 Greenmount Blvd	Oakwood	OH	45419-3140
11/12/2017	\$250.00	GOTV	Credit Card	John	Dinsmore		1969 Springtree Ct	Dayton	OH	45459-1341
11/12/2017	\$50.00	Mem2018	Credit Card	Gary	Shoup		215 Maysfield Rd	Oakwood	OH	45419-3314
11/12/2017	\$25.00	Mem2018	Credit Card	Alison	Benford		132 Greenmount Blvd	Oakwood	OH	45419-3140
11/13/2017	\$250.00	Mem2018	Credit Card	Jerome	Stevenson		6336 Cheri Lynne Dr	Dayton	OH	45415-2109
11/15/2017	\$25.00	Mem2018	Credit Card	Cenk	Sahin		685 Belauto Ct	Beavercreek	OH	45430-1779
11/16/2017	\$25.00	Mem2018	Credit Card	Lisa	Duvall		2601 San Rae Dr	Dayton	OH	45419-2767
11/16/2017	\$25.00	Mem2018	Credit Card	Sarah	Greathouse		509 Volusia Ave	Oakwood	OH	45409-2347
11/19/2017	\$25.00	Mem2018	Credit Card	Kristopher	Hatcher		2316 Wrencroft Cir	Dayton	OH	45459-8411
11/28/2017	\$25.00	Mem2018	Credit Card	Chet	Bauch		1320 Brainard Woods Dr	Centerville	OH	45458-2902
11/29/2017	\$25.00	Mem2018	Credit Card	Beverly	King		1001 Ripplecreek Ct	Dayton	OH	45458-3227
11/29/2017	\$25.00	Mem2018	Credit Card	Aaron	Gebard		478 Shiloh Dr	Dayton	OH	45415-3447
11/29/2017	\$25.00	Mem2018	Credit Card	Jill	Jay		6215 Autumn Meadows	Dayton	OH	45424-4868
11/29/2017	\$25.00	Mem2018	Credit Card	Ken	Couch		6215 Autumn Meadows	Dayton	OH	45424-4868
11/29/2017	\$25.00	Mem2018	Credit Card	Mike	Stevens		4764 Rushwood Cir	Englewood	OH	45322-3612
11/29/2017	\$25.00	Mem2018	Credit Card	Sarah	Greathouse		509 Volusia Ave	Oakwood	OH	45409-2347
11/30/2017	\$25.00	Mem2018	Credit Card	APRIL	ALFORD		35 S Saint Clair St	Dayton	OH	45402-2179
11/30/2017	\$25.00	Mem2018	Credit Card	PRISCILLA	RITCHIE		1612 Spaulding Rd	Dayton	OH	45432-3724

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Montgomery County Democratic Party</b>			
Full Name <b>Code Credit Union</b>			Registration Number, if PAC
Address <b>355 W. Monument Avenue</b>	Type* <b>I   N</b>		M   D   Y   Amount <b>1   0   3   1   1   7   1.73</b>
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45402</b>	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
Address	Type* 		M   D   Y   Amount
City	State 	Zip Code	Form(Cash,Check,etc)
Full Name			
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.

Page Total \$ 1.73

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
To Whom Paid See Attached 31-B Data -- \$79,002.95				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	
To Whom Paid				M      D      Y      Amount
Address	Purpose			
City	State	Zip Code	Check Number	



## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Montgomery County Democratic Party</b>											
From Whom Received <b>Committee to Keep Mark Owens Clerk</b>								Prior Amount <b>20,000.00</b>	Amt. Incurred this Period <b>0.00</b>		
Address <b>3827 Saddleridge Circle</b>								Outstanding Balance <b>20,000.00</b>			
City <b>Dayton</b>		State <b>O H</b>	Zip Code <b>45424</b>	Loans Received This Period Date				Payments This Period Date			
Date Loan was originally <b>Incurred</b>		M	D	Y	\$			M	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
From Whom Received <b>Mathis H. Heck, Jr. Campaign Fund</b>								Prior Amount <b>10,000.00</b>	Amt. Incurred this Period		
Address								Outstanding Balance <b>10,000.00</b>			
City <b>Dayton</b>		State <b>O H</b>	Zip Code <b>45402</b>	Loans Received This Period Date				Payments This Period Date			
Date Loan was originally <b>Incurred</b>		M	D	Y	\$			M	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
From Whom Received <b>Grunner for Engineer</b>								Prior Amount	Amt. Incurred this Period		
Address <b>7154 Mowhawk Trail</b>								Outstanding Balance <b>5,000.00</b>			
City <b>Dayton</b>		State <b>O H</b>	Zip Code <b>45459</b>	Loans Received This Period Date				Payments This Period Date			
Date Loan was originally <b>Incurred</b>		M	D	Y	\$			M	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 30,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 35,000.00 (To Form No. 30-A)

## In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Montgomery County Democratic Party</b>			
To Whom <b>Friends of Nan Whaley</b>			
Address <b>443 E. 6Th Street</b>	Description of Item or Service <b>Office Space</b>		M <b>1</b> D <b>1</b> Y <b>5</b> Fair Market Value <b>800.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45402</b>	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	
To Whom			
Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	