



APR 26 2019

Committee Name Committee for Valerie Duncan		Office Sought Dayton City Commission		District City
Street Address 523 Hayden Ave		City Dayton	State OH	Zip 45431
Candidate Name OR PAC Registration Number		Treasurer Name Valerie Duncan		Election Date (MM/DD/YYYY) 05/07/19

Type of Report (choose one):
☐ Annual ☐ Semiannual ☒ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:
☐ July Monthly ☐ August Monthly ☐ September Monthly

Amended Report ☒ No ☐ Yes
 Termination ☐ Check this box if the committee wishes to terminate with this report
 Short Form Report (R.C. 3517.10(H)) ☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	55.00
3. Total other income (From Form 31-A-2)	2185.32
4. Total funds available (sum of lines 1, 2, and 3)	2289.82
5. Total monetary expenditures (From Forms 31-B and 31-F)	2185.32
6. Balance on hand (line 4 minus line 5)	105.00
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	2185.32
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

BOARD OF ELECTIONS
MONTGOMERY COUNTY, OHIO

2019 APR 25 AM 8:44

RECEIVED

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Valerie Y Duncan
Signature of Treasurer or Deputy Treasurer

04/25/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Contributions Received

Page _____

Form 31-A

ORC 3517.10

Full Name of Committee Committee for Valerie Duncan				
Full Name of Contributor Mois Lara			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Oak Creek	State WI	Zip Code	Date (MM/DD/YYYY) 03/01/19	Amount 55.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **55.00**



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee <i>Committee for Valerie Duncan</i>			
Full Name of Contributor <i>Valerie Duncan</i>		Registration Number, if PAC	
Street Address <i>523 Hayden Ave</i>	Type* Refund <i>loan</i>	Date (MM/DD/YYYY) <i>4/17/19</i>	Form (Cash, Check, etc.) <i>check</i>
City <i>Dayton</i>	State OH	Zip Code <i>45431</i>	Amount <i>1,783.75</i>
Full Name of Contributor <i>Valerie Duncan</i>		Registration Number, if PAC	
Street Address <i>523 Hayden Ave</i>	Type* Refund <i>loan</i>	Date (MM/DD/YYYY) <i>2/26/19</i>	Form (Cash, Check, etc.) <i>credit card</i>
City <i>Dayton</i>	State OH	Zip Code <i>45431</i>	Amount <i>401.07</i>
Full Name of Contributor <i>Valerie Duncan</i>		Registration Number, if PAC	
Street Address <i>523 Hayden Ave</i>	Type* Refund <i>loan</i>	Date (MM/DD/YYYY) <i>11/15/18</i>	Form (Cash, Check, etc.) <i>cash</i>
City <i>Dayton</i>	State OH	Zip Code <i>45431</i>	Amount <i>50.00</i>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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, 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 \$ *2185.32*



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee for Valerie Duncan				
To Whom Paid The Next Wave		Date (MM/DD/YYYY) 4/17/19	Amount 1,783.75	
Street Address 100 Bonner St.		Purpose Yard Signs		
City Dayton	State OH	Zip Code 45410	Check Number	
To Whom Paid The Next Wave		Date (MM/DD/YYYY) 2/26/19	Amount 401.07	
Street Address 100 Bonner St.		Purpose 1st cards		
City Dayton OH	State OH	Zip Code 45410	Check Number credit card	
To Whom Paid Wright Pat		Date (MM/DD/YYYY) 11/15/19	Amount 50.00	
Street Address Col Glenn Hwy		Purpose Bank fee		
City Fairborn	State OH	Zip Code 45434	Check Number Cash	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	

Page Total \$ **2185.32**



Wright-Patt

CREDIT UNION, INC.

P.O. Box 340134 • Beaver Creek, OH 45434-0134

RETURN SERVICE REQUESTED

534000151 1 AV 0.378 1/1 C2 12-31-18 SD



COMMITTEE FOR VALERIE DUNCAN
523 S. HAYDEN AVE
DAYTON OH 45431-1942

Statement of Account

(800) 762-0047 | www.wpcu.coop

Member Number xxxxxx7868

Statement For 11/15/2018 - 12/31/2018

Page 1 of 1

Please examine this statement carefully.
If it is incorrect, please explain the
difference, giving all details, and return
directly to our auditors:

BKD, LLP
Attn: Steve Moore
201 N. Illinois Street, Suite 700
PO Box 44998
Indianapolis, Indiana 46244-0998

AKA / NAME

FW / loan

Your Account Summary as of 12/31

Business Share Account ID 00	\$50.00
Account Balance Total	\$50.00
Total Dividends Paid Year-To-Date	\$0.00

Business Share Account ID 00

Beginning Balance	\$0.00
1 Total Deposits for	50.00
0 Total Withdrawals for	0.00
Ending Balance	\$50.00

Summary of Account by Transaction

Deposits and Other Credits

Date	Amount	Description
11/15	\$50.00	Deposit

1 Deposits and other Credits for \$50.00



OUR JOB IS TO MAKE YOU MORE MONEY THAN YOU PAY US.

INVOICE

Invoice 15628
Date 04/17/19
Due Date 04/17/19
Terms Due to start

P.O. No.

Job

Valerie Duncan

Description

Printing: 1 color yard signs, 26x16, poly bags with frames Teal
Green (you need to pick a PMS spot color here (7466c)
Shipping and Handling bags only

Quantity

1,000

Amount

1,680.00

103.75

Deliver to 1658 Meriline

PAID
4/17/2019

We accept cash, checks and all major credit cards.
We wil also accept payment via PayPal:
paypal@thenextwave.biz

Subtotal	\$1,783.75
Sales Tax	\$0.00
Total	\$1,783.75
Payments	\$-1,783.75
Balance Due	\$0.00

www.thenextwave.biz

surf@thenextwave