OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
PAYNE FOR PROSECUTOR	COUNTY PROSECUTOR	

Street Address	City	State	Zip
303 S. SUGAR ST.	MCARTHUR	OH	45651

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JIM PAYNE	JIM PAYNE	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☒ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

Amended Report	**Termination**	**Short Form Report** (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ 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)	5000.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	5000.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	1533.78
6. Balance on hand (line 4 minus line 5)	3466.22
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)	0
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

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

Jim Payne

Signature of Treasurer or Deputy Treasurer

03/02/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
2	2	1	5

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No	
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No	
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No	
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No	
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No	

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 $ 0

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

Full Name of Contributor				Registration Number, if PAC	
JAMES S. PAYNE					
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**	
103 ELM ST (PO BOX 185)	SELF-EMPLOYED			CASH	
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**	
SOUTH POINT	OH	45680	06/20/2019	5000	

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**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**	**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**	**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**	**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 5000

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

To Whom Paid	Date (MM/DD/YYYY)	Amount	Street Address	Purpose	City	State	Zip Code	Check Number
US BANK	06/20/2019	44.67	702 4TH ST E	ORDER CHECKS	SOUTH POINT	OH	45680	-
SIGNARAMA RIVER CITIES	06/26/2019	153.64	50 TWP RD. 1012, SUITE A	CAMPAIGN BANNER	SOUTH POINT	OH	45680	97
SPRING STREET SPORTS	06/27/2019	1050.00	203 N SPRING ST	CAMPAIGN T-SHIRTS	MCARTHUR	OH	45651	98
SPRING STREET SPORTS	07/19/2019	45.72	203 N SPRING ST	CAMPAIGN SHIRTS	MCARTHUR	OH	45651	1001
INK IN A BLINK	07/27/2019	127.20	411 RUSSELL ROAD	CAMPAIGN SIGNS	ASHLAND	KY	41101	1003

Page Total $ 1421.23

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

To Whom Paid	Date (MM/DD/YYYY)	Amount
INK IN A BLINK	08/05/2019	95.39

Street Address	Purpose
411 RUSSELL ROAD	CAMPAIGN CARDS/FOOTBALL SCHEDULES

City	State	Zip Code	Check Number
ASHLAND	KY	41101	1004

To Whom Paid	Date (MM/DD/YYYY)	Amount
SPRING STREET SPORTS	09/27/2019	17.16

Street Address	Purpose
203 N SPRING ST	CAMPAIGN SHIRTS

City	State	Zip Code	Check Number
MCARTHUR	OH	45651	1005

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 112.55

OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

RECEIVED
JUN 05 2020
BY:

Committee Name	Office Sought	District
PAYNE FOR PROSECUTOR	COUNTY PROSECUTOR	

Street Address	City	State	Zip
303 S. SUGAR ST.	MCARTHUR	OH	45651

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JIM PAYNE	JIM PAYNE	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☒ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

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	3466.22
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	3466.22
5. Total monetary expenditures (From Forms 31-B and 31-F)	440.00
6. Balance on hand (line 4 minus line 5)	3026.22
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)	0
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

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

Jim Payne
Signature of Treasurer or Deputy Treasurer

06/03/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
2	1	1	5

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 $ 0

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

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 0
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	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	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	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	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 0

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

To Whom Paid	Date (MM/DD/YYYY)	Amount
SPRING STREET SPORTS	03/13/2020	440.00

Street Address	Purpose
203 N SPRING ST	CAMPAIGN T-SHIRTS

City	State	Zip Code	Check Number
MCARTHUR	OH	45651	1010

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

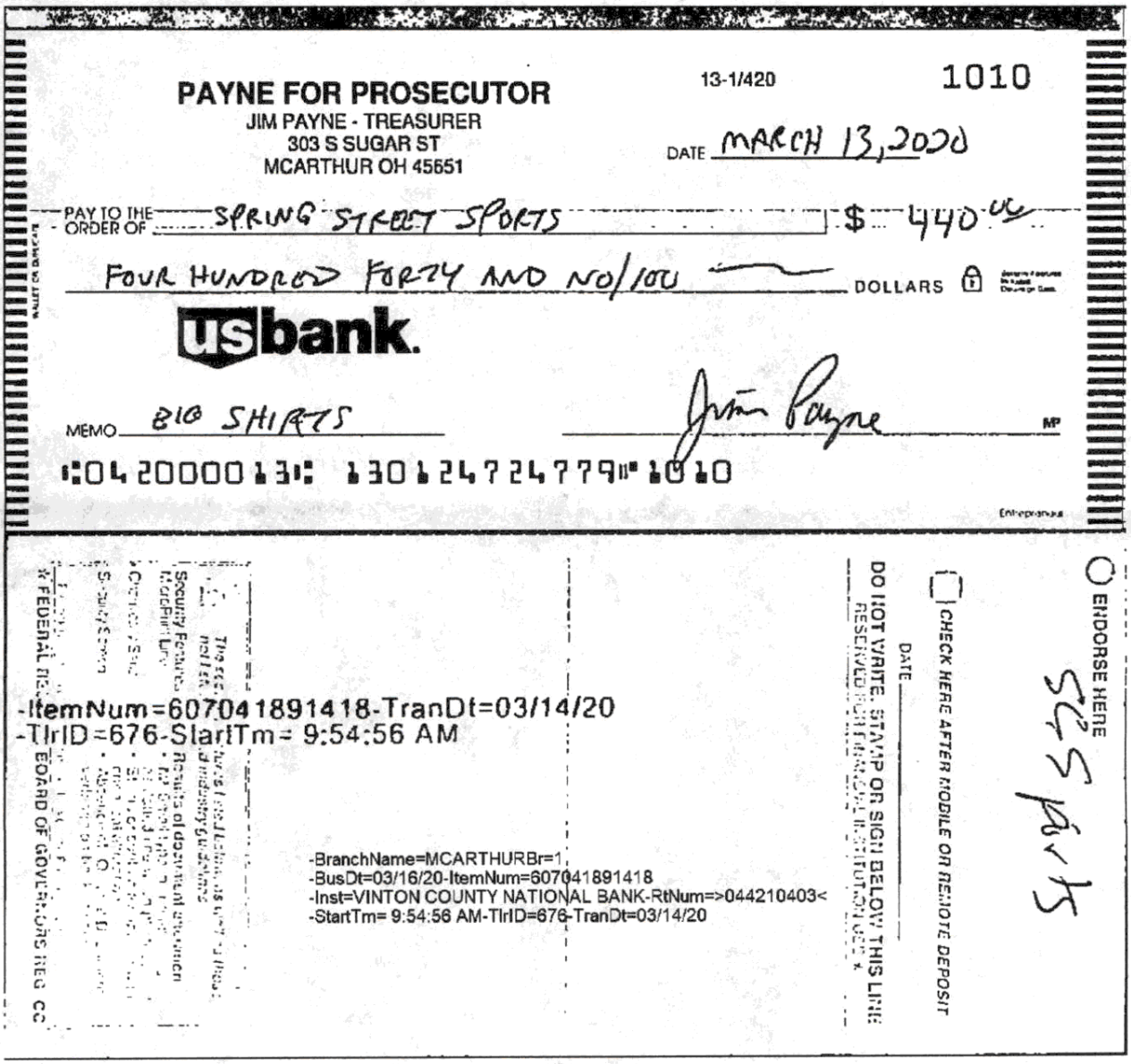
City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 440.00



PAYNE FOR PROSECUTOR
JIM PAYNE - TREASURER
303 S SUGAR ST
MCARTHUR OH 45651

13-1/420 1010

DATE MARCH 13, 2020

PAY TO THE ORDER OF SPRING STREET SPORTS $ 440.00

FOUR HUNDRED FORTY AND NO/100 DOLLARS

usbank.

MEMO BIG SHIRTS

Jim Payne

⑆042000013⑆ 130124724779⑈ 1010

ENDORSE HERE

SSS pays

CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

DATE

-ItemNum=607041891418-TranDt=03/14/20
-TlrID=676-StartTm= 9:54:56 AM

-BranchName=MCARTHURBr=1
-BusDt=03/16/20-ItemNum=607041891418
-Inst=VINTON COUNTY NATIONAL BANK-RtNum=>044210403<
-StartTm= 9:54:56 AM-TlrID=676-TranDt=03/14/20

OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
PAYNE FOR PROSECUTOR	COUNTY PROSECUTOR	

Street Address	City	State	Zip
303 S. SUGAR ST.	MCARTHUR	OH	45651

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JIM PAYNE	JIM PAYNE	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

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

1. Amount brought forward from last report	3,026.22
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	3,026.22
5. Total monetary expenditures (From Forms 31-B and 31-F)	2,629.51
6. Balance on hand (line 4 minus line 5)	396.71
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)	0
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

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

Signature of Treasurer or Deputy Treasurer

10/19/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
2	2	1	5

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

To Whom Paid	Date (MM/DD/YYYY)	Amount
A.G.E. GRAPHICS, LLC	06/18/2020	1,150.00

Street Address	Purpose		
678 COLLINS ROAD	CAMPAIGN SIGNS		
City	**State**	**Zip Code**	**Check Number**
LITTLE HOCKING	OH	45742	

To Whom Paid	Date (MM/DD/YYYY)	Amount
UNITED STATES POST OFFICE	08/09/2020	34.65

Street Address	Purpose		
117 SOUTH MARKET STREET	POSTAGE		
City	**State**	**Zip Code**	**Check Number**
MCARTHUR	OH	45651	1017

To Whom Paid	Date (MM/DD/YYYY)	Amount
OFFICE MAX	08/10/2020	355.64

Street Address	Purpose		
475 ARMCO ROAD	DOOR HANGERS		
City	**State**	**Zip Code**	**Check Number**
ASHLAND	KY	41101	

To Whom Paid	Date (MM/DD/YYYY)	Amount
TRACTOR SUPPLY	09/16/2020	86.65

Street Address	Purpose		
367 SANDUSKY SERVICE ROAD	SIGN POSTS		
City	**State**	**Zip Code**	**Check Number**
SOUTH POINT	OH	45680	1013

To Whom Paid	Date (MM/DD/YYYY)	Amount
MENARD, INC.	09/30/2020	63.56

Street Address	Purpose		
2009 EAST STATE STREET	WOOD BOARDS FOR SIGN SUPPORT		
City	**State**	**Zip Code**	**Check Number**
ATHENS	OH	45701	1015

Page Total $ 1,690.50

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

To Whom Paid	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	Amount	Purpose	Check Number
INK IN A BLINK	411 RUSSELL ROAD	ASHLAND	KY	41101	10/01/2020	156.60	SLATE CARDS	1016
A.G.E. GRAPHICS, LLC	678 COLLINS ROAD	LITTLE HOCKING	OH	45742	08/06/2020	782.41	CAMPAIGN SIGNS	
			OH					
			OH					
			OH					

Page Total $ 931.01

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

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 0
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	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	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	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	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 0

OFFICE OF THE
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
PAYNE FOR PROSECUTOR

Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? ☐ Yes ☐ No		

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 $ 0

OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
PAYNE FOR PROSECUTOR	COUNTY PROSECUTOR	

Street Address	City	State	Zip
303 S. SUGAR ST.	MCARTHUR	OH	45651

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JIM PAYNE	JIM PAYNE	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

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	396.71
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	396.71
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	396.71
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)	0
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

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

Signature of Treasurer or Deputy Treasurer

11/19/20
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
		1	1

Last Updated 09/2017