



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

ommittee Name	OR .			COUNT	ought Y PROSI	ECUT	OR	District
reet Address 03 S. SUGAR ST.		City MCARTHUR			State OH	Zip 456	651	
andidate Name OR PAC	Registration Number	Treasurer Name JIM PAYNE	3				Election Date (MM/ 11/03/2020	DD/YYYY)
ype of Report (choo Annual Ser tatewide Candidates July Monthly	miannual 🗵 Pre-Primary	Post-Pri		e-Genera	al 🗌	Post	t-General	Year
mended Report	Termination Check this box if the control wishes to terminate with	ommittee ith this report	Short Form I Check th short terr	is box if	the com	mitte	D(H)) ee is filing a ed instructions.	
1. Amount broug	ht forward from last report	t ·			0			
2. Total monetary contributions (From Forms 31-A and 31-E)			-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				
	y expenditures (From Form	Commence of the contract of the commence of the commence of the contract of th	-F)	1533.78				
	nd (line 4 minus line 5)			3466.22				
7. Value of in-kin	d contributions received ((From Form 31-	-J-1)	0				
STATE OF THE PARTY OF THE PARTY OF THE PARTY.	nd contributions made (Fro			0				
	oans owed by committee (0				
The state of the s	debts owed by committee			0				
11. Outstanding loans owed to committee (From Form 31-K)				0				
12. Value of inde	ependent expenditures ma	ade (From Forn	n 31-U)		0			
	NT IS MADE UNDER PENA IMITS ELECTION FALSIFIC	LTY OF FLEC	TION EAL SIEL	CATION LONY O		FIFT		
In	1 1						W/DD/YYYY)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Treasurer Contribution Pages 2	or Deputy Treasurer Expenditure Pages 2	Oth 1	ner Pages	To:	tal Pages		Last U	Jpdated 09



Page 1

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

				e de la companya del companya de la companya del companya de la co		
		Employer, Occur	oation, Labor Organization*	Registration Number, i	f PAC	
Descri	iption of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
	State	Zip Code	Received at Fundraisi	ng Event?		
		Employer, Occup	pation, Labor Organization*	Registration Number, i	f PAC	
Descr	iption of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
	State	Zip Code	Received at Fundraisi	ng Event?		
		Employer, Occu	pation, Labor Organization*	* Registration Number, if PAC		
Descr	iption of Item or	Service	718	Date (MM/DD/YYYY)	Fair Market Value	
	State	Zip Code	Received at Fundraisi	ing Event?		
		Employer, Occu	pation, Labor Organization*	Registration Number,	if PAC	
Desci	ription of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
	State	Zip Code	Received at Fundrais	ing Event?		
		Employer, Occu	ipation, Labor Organization*	Registration Number,	if PAC	
Desc	ription of Item o	r Service		Date (MM/DD/YYYY)	Fair Market Value	
	State	Zip Code	Received at Fundrais	ing Event?		
	Descr	Description of Item or State Description of Item or State Description of Item or State	Description of Item or Service State Zip Code Employer, Occur Description of Item or Service State Zip Code Employer, Occur Description of Item or Service State Zip Code Employer, Occur Description of Item or Service State Zip Code Employer, Occur Description of Item or Service State Zip Code Employer, Occur	Description of Item or Service State Zip Code Received at Fundraisi Yes No	State	

* 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)]

	70,		
U			
Page Total \$			
rage Total w		 3835	
	 	 the same department of the	_



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR					
Full Name of Contributor JAMES S. PAYNE			Regi	stration Numbe	er, if PAC
Street Address 103 ELM ST (PO BOX 185)	Note:	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.) CASH
City SOUTH POINT	State OH	Zip Code 45680	Date (MM/DD/YY	YY) 06/20/2019	Amount 5000
Full Name of Contributor		100 To 10		stration Numbe	er, if PAC
Street Address	Employ	rer/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YY	YY)	Amount
Full Name of Contributor	\$7		Regi	stration Number	er, if PAC
Street Address	Employ	ver/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YY	YY)	Amount
Full Name of Contributor			Reg	istration Numbe	er, if PAC
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YY	ΥΥ)	Amount
Full Name of Contributor			Reg	istration Number	er, if PAC
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YY	YY)	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	



Page 1

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR				
To Whom Paid US BANK		Date (MM/DD/YY	YY) 06/20/2019	Amount 44.67
Street Address 702 4TH ST E	Purpose ORDER	CHECKS	•	
City SOUTH POINT	State	Zip Code 45680	Che	ck Number
To Whom Paid SIGNARAMA RIVER CITIES		Date (MM/DD/YY	YY) 06/26/2019	Amount 153.64
Street Address 50 TWP RD. 1012, SUITE A	Purpose CAMPA	IGN BANNER		
City SOUTH POINT	State OH	Zip Code 45680	Che 97	ck Number
To Whom Paid SPRING STREET SPORTS		Date (MM/DD/YY	YY) 06/27/2019	Amount 1050.00
Street Address 203 N SPRING ST	Purpose CAMPA	IGN T-SHIRTS		
City MCARTHUR	State OH	Zip Code 45651	Che 98	ck Number
To Whom Paid SPRING STREET SPORTS		Date (MM/DD/YY	YY) 07/19/2019	Amount 45.72
Street Address 203 N SPRING ST	Purpose CAMPA	IGN SHIRTS		
City MCARTHUR	State OH	Zip Code 45651	Che	ck Number 01
To Whom Paid INK IN A BLINK		Date (MM/DD/YY	YY) 07/27/2019	Amount 127.20
Street Address 411 RUSSELL ROAD	Purpose CAMPA	IGN SIGNS	12.	
City ASHLAND	State KY	Zip Code 41101	Che 100	eck Number 03

Page Total \$____



Page 2

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR			
To Whom Paid INK IN A BLINK		Date (MM/DD/YY	YY) Amount 08/05/2019 95.39
Street Address 411 RUSSELL ROAD	Purpose CAMPA	IGN CARDS/FOOTBA	ALL SCHEDULES
City ASHLAND	State KY	Zip Code 41101	Check Number
To Whom Paid SPRING STREET SPORTS		Date (MM/DD/YY	YY) Amount 17.16
Street Address 203 N SPRING ST	Purpose CAMPA	IGN SHIRTS	
City MCARTHUR	State OH	Zip Code 45651	Check Number 1005
To Whom Paid		Date (MM/DD/YY	YY) Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/Y)	(YY) Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/Y	YYY) Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number

Page Total \$_____



Ohio Campaign Finance Report

Form 30-A

					hE	CE	IVE	OF	RC 3517.10
Committee Name PAYNE FOR PROSECUTOR					ough TY PROS	JUN 0 5	2020		District
Street Address 303 S. SUGAR ST.					State OH	Zip 45651			
Candidate Name OR PAC JIM PAYNE	Candidate Name OR PAC Registration Number Treasurer Name JIM PAYNE JIM PAYNE				:		tion Date (N 03/2020	IM/DD/Y	YYY)
Statewide Candidate July Monthly	emiannual	☒ Post-P	77 N.	Penort (\$2	Post-Ger	neral	Year	
Amended Report No Yes	Check this box if the co		Check t	his box if to m report.	he com	mittee is f			
1. Amount broug	ht forward from last report				3466.22	2			
2. Total monetary	contributions (From Forms	s 31-A and 31	-E)	0					
3. Total other inc	ome (From Form 31-A-2)			0					
4. Total funds av	ailable (sum of lines 1, 2, 3)			3466.22					
5. Total monetary	expenditures (From Forms	31-B and 31-	-F)	440.00					
6. Balance on ha	nd (line 4 minus line 5)			3026.22					
7. Value of in-kin	d contributions received (F	rom Form 31-	J-1)		0	PASTERS WATER SHAP			
8. Value of in-kin	d contributions made (Fron	n Form 31-J-2)	0 200					
9. Outstanding lo	eans owed by committee (F	rom Form 31-	C)	0					
10. Outstanding	debts owed by committee (From Form 31	1-N)	0					
11. Outstanding loans owed to committee (From Form 31-K)			-K)	0					
12. Value of independent expenditures made (From Form 31-U)			31-U)	0 - 0					
	T IS MADE UNDER PENAL WITS ELECTION FALSIFICA				THE FIF	FTH DEG	REE.		· ·
Man	Paine				06/03	3/2020			
Signature of Treasurer of					Date ((MM/DD/YY	YY)		
Contribution Pages	Expenditure Pages	Othe	r Pages	Total	Pages		Last U	pdated	09/2017



	•	
	7	
Pane		
1 ugo		

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

	.:					
Full Name of Committee PAYNE FOR PROSECUTOR		-				
Full Name of Contributor		Employer, Occu	pation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Ite	em or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraisin	ng Event?		
Full Name of Contributor			pation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Ite	em or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Code Received at Fundraising Event?			
Full Name of Contributor		Employer, Occu	pation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Ite	em or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraisi	sing Event?		
Full Name of Contributor		Employer, Occu	pation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Ite	em or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor	A secular	Employer, Occu	upation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of It	em or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ing Event?		

* 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)]

				11.7	2017	
,	-	7.7				d
	- 1					М
	0					21
Page Total	\$			35,10		
0			-			



Page 1

Statement of Contributions Received

Form 31-A

ORC 3517.10

		7-			
Full Name of Committee PAYNE FOR PROSECUTOR					
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount 0
Full Name of Contributor	XX-1-1-1			Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	per, if PAC
Street Address	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	Der, if PAC
Street Address	Employ	er/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/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	
	. 38 April 36	



Page 1

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR				-
To Whom Paid SPRING STREET SPORTS	ng galang ang mang mang di manang sa Panggupian Sa samunina di Salang	Date (MM/DD/YY	Amount 440.00	
Street Address	Purpose			\exists
203 N SPRING ST	CAMPAI	GN T-SHIRTS		
City	State	Zip Code	Check Number	
MCARTHUR	ОН	45651	1010	
To Whom Paid		Date (MM/DD/YY	I .	
Street Address	Purpose			٦
City	State	Zip Code	Check Number	\exists
	ОН			
To Whom Paid	erentein programme de la companya d	Date (MM/DD/YY	YY) Amount	1
Street Address	Purpose			
City	State	Zip Code	Check Number	٦
	ОН			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
City	State	Zip Code	Check Number	٦
	OH			Ė
To Whom Paid	assania, ja ir kingsama aras era oli mainteks (tima atautum muumanai	Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
City	State	Zip Code	Check Number	
Transfer of the second of the	ОН	<u> </u>		

Page Total	\$440.00	
i ago i otal	Y	A STATE OF THE PARTY OF THE PAR

PAYNE FOR PROSECUTOR JIM PAYNE - TREASURER 303 S SUGAR ST MCARTHUR OH 45651	13-1/420 DATE MARCH 13	1010 3,2 ₀ 20
FOUR HUNDERS FORTY AND NO USbank.		01LARS 1 ===
MEMO 810 SHIRTS	Jum Payn	C MP
The state of the s	HESCHALL	DO ITOT MAIL CHECK H
FEDERAL ROS RESULTS FOR THE STATE OF THE STA	RESERVED CHI BACOVI III	CHE





Ohio Campaign Finance Report

ORC 3517.10

Committee Name	ommittee Name			Office Sought			District	
PAYNE FOR PROSECUT	OR			COUNT	Y PROSE	CUTOR		
Street Address		City			State	Zip		1
03 S. SUGAR ST.		MCARTHUR	R		ОН	45651		
Candidate Name OR PAC	Registration Number	Treasurer Name				1	ection Date (MM/DI	D/YYYY)
IM PAYNE		JIM PAYNE				11	/03/2020	
ype of Report (choo	ose one):							
Annual 🗌 Sei	miannual Pre-Primary	/ Post-Pri	mary X	Pre-Genera		Post-G	eneral	
Statewide Candidates	only:						Ye	ar
July Monthly		eptember Mont	hly					
Amended Report	Termination		Short Form	n Report (F	R.C. 351	7.10(H))	
	Check this box if the c			this box if t				
X No Yes	wishes to terminate wi	th this report	☐ short te	erm report.	See atta	ched ir	nstructions.	
1. Amount brough	nt forward from last report	t			3,026.22			
2. Total monetary	contributions (From Form	s 31-A and 31-l	Ε)	0				
3. Total other inco	ome (From Form 31-A-2)	A CONTRACT OF THE CONTRACT OF		0				
4. Total funds ava	nilable (sum of lines 1, 2, 3)			3,026.22				
5. Total monetary	expenditures (From Form	s 31-B and 31-I	=)	2,629.51				
6. Balance on har	nd (line 4 minus line 5)			396.71				
7. Value of in-kind	d contributions received (From Form 31-J	J-1)	0				
8. Value of in-kind	d contributions made (Fro	m Form 31-J-2)		0				
9. Outstanding lo	ans owed by committee (From Form 31-0	>)		0			
10. Outstanding	lebts owed by committee	(From Form 31	-N)		0			
11. Outstanding loans owed to committee (From Form 31-K)			K)	**************************************	0			
12. Value of independent expenditures made (From Form 31-U)			31-U)		0			
THIS STATEMEN	T IS MADE UNDER PENAL	TY OF ELECT	ION FALSIF	ICATION.	THE FIF	TH DE	GREE.	
1	0					/2020		
Signature of Treasurer or Deputy Treasurer						MM/DD/	YYYY)	
Contribution Pages	Expenditure Pages	Other	Pages	Total	Pages			
2	2	1		5			Last Upda	ted 09/2
1.1	1	(1	1	1		-aor opac	



Page 1

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			06/18/2	2020	1,150.00
Street Address	Purpose				
678 COLLINS ROAD	CAMPA	IGN SIC	SNS		
City	State	Zip	Code	Che	ck Number
LITTLE HOCKING	ОН	457	42		,
To Whom Paid		-	Date (MM/DD/YYYY)		Amount
UNITED STATES POST OFFICE			08/09/2	020	34.65
Street Address	Purpose				
117 SOUTH MARKET STREET	POSTA	GE			
City	State	Zip	Code	Che	eck Number
MCARTHUR	ОН	456	551	101	17
To Whom Paid			Date (MM/DD/YYYY)		Amount
OFFICE MAX			08/10/2	2020	355.64
Street Address	Purpose	4 53			
475 ARMCO ROAD	DOOR H	HANGE	RS		
City	State	Zip	Code	Che	eck Number
ASHLAND	KY	41	101		
To Whom Paid			Date (MM/DD/YYYY)		Amount
TRACTOR SUPPLY			09/16/2	2020	86.65
Street Address	Purpose				N.C.
367 SANDUSKY SERVICE ROAD	SIGN P	OSTS			
City	State	Zip	Code	Che	eck Number
SOUTH POINT	ОН	456	880	10	13
To Whom Paid			Date (MM/DD/YYYY)		Amount
MENARD, INC.			09/30/2	2020	63.56
Street Address	Purpose	,			
2009 EAST STATE STREET	WOOD	BOARE	S FOR SIGN SUPPO	RT	**
City	State	Zip	Code	Che	eck Number
ATHENS	ОН	45	701	10	15

Page Total \$_____



Page 2

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR			
To Whom Paid		Date (MM/DD/YYY)	Amount
INK IN A BLINK		1	0/01/2020 156.60
Street Address	Purpose		
411 RUSSELL ROAD	SLATE	CARDS	
City	State	Zip Code	Check Number
ASHLAND	KY	41101	1016
To Whom Paid		Date (MM/DD/YYY	Y) Amount
A.G.E. GRAPHICS, LLC		0	8/06/2020 782.41
Street Address	Purpose		
678 COLLINS ROAD	CAMPA	IGN SIGNS	
City	State	Zip Code	Check Number
LITTLE HOCKING	ОН	45742	
To Whom Paid		Date (MM/DD/YYY	Y) Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	ОН		
To Whom Paid		Date (MM/DD/YYY	Y) Amount
10 Wildin Land			
Street Address	Purpose	al	
Silver Address			
City	State	Zip Code	Check Number
City	ОН		
To Whom Paid		Date (MM/DD/YYY	Y) Amount
TO WHOM Palu			
Charle Address	Purpose		
Street Address	Fulpose		
	State	Zip Code	Check Number
City	OH	219 0000	
	011		

Page	Total \$	931.01	
0			



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PAYNE FOR PROSECUTOR					
Full Name of Contributor				Registration Nu	umber, if PAC
Street Address	Employer	/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYY)	Amount 0
Full Name of Contributor	-			Registration Nu	umber, if PAC
Street Address	Employe	/Occupation/Labor	r Organization*	**************************************	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Nu	umber, if PAC
Street Address	Employe	r/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	4			Registration No	umber, if PAC
Street Address	Employe	r/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration N	umber, if PAC
Street Address	Employe	r/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	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



Page 1

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Full Name of Committee				1 2 2	
PAYNE FOR PROSECUTOR					
Full Name of Contributor			Employer, Occupati	ion, Labor Organization*	Registration Number, if PAC
Asset Co.	4.1	* ,			
Street Address	Descrip	otion of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraisin	ng Event?
			,	Yes No	
Full Name of Contributor			Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
					Teal (
Street Address	Descrip	otion of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraisi	ng Event?
Oity				Yes No	
Full Name of Contributor	- 4		Employer, Occupation, Labor Organization* Registration Number, if PAC		
Street Address	Descrip	ption of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraisi	ng Event?
Full Name of Contributor			Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC
Street Address	Descri	ption of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraisi	ng Event?
City				☐ Yes ☐ No	
Full Name of Contributor			Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Descri	ption of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundrais	ing Event?
				☐ 169 ☐ 140	

* 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)]

	0
Page Total \$	
rage rotary	,





Ohio Campaign Finance Report

Form 30-A ORC 3517.10

Committee Name PAYNE FOR PROSECUTOR				Office Sought COUNTY PROSECUTOR				District
Street Address 303 S. SUGAR ST.	City MCARTHUR			State Zip OH 45651				
Candidate Name OR PAC Registration Number Treasurer Name JIM PAYNE JIM PAYNE				Election Date (N 11/03/2020				/ / / / / / / / / /
Type of Report (choose one): Annual Semiannual	Pre-Primary	☐ Post-Pri	imary 🗌 F	Pre-Genera	ıl 🔀	Post-General		
Statewide Candidates Only: July Monthly	onthly 🗌 Sep	tember Mont	hly				Year	
Amended Report Termination No Yes Check wishes	on this box if the con to terminate with	nmittee this report	Short Form Check to	his box if th	ne comi	7.10(H)) mittee is filing a ached instruction	a ons.	
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)								
THIS STATEMENT IS MADE IN WHOEVER COMMITS ELECT	UNDER PENALT	Y OF ELECT TION IS GUIL	ION FALSIFI TY OF A FE	CATION. LONY OF	THE FI	FTH DEGREE.	•	
Junta	£	4 P			11/1	<u> </u>		
Signature of Treasurer or Deputy Treasurer		<u> </u>				(MM/DD/YYYY)		
Contribution Pages Exp	penditure Pages	Other	Pages	Total	Pages	La	st Update	d 09/2