



# Ohio Campaign Finance Report

Form 30-A

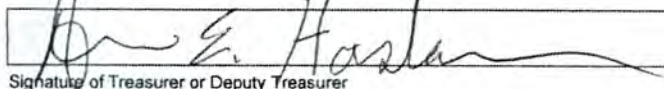
ORC 3517.10

|  |  |  |             |   |
|--|--|--|-------------|---|
| Committee Name<br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor   |  | Office Sought<br>County Prosecutor   |             | District<br>01  |
| Street Address<br>515 E. Mulberry St., Apt. A  |  | City<br>West Union   | State<br>OH | Zip<br>45693  |
| Candidate Name OR PAC Registration Number<br>Aaron E. Haslam   |  | Treasurer Name<br>Aaron E. Haslam  |             | Election Date (MM/DD/YYYY)<br>03192024  |
| Type of Report (choose one):<br><input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General |  |  |             |   |
| Statewide Candidates Only:<br><input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly   |  |  |             |   |
| Amended Report<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |  | Termination<br><input type="checkbox"/> Check this box if the committee wishes to terminate with this report |             | Short Form Report (R.C. 3517.10(H))<br><input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions. |

|   |          |
|---|----------|
| 1. Amount brought forward from last report                    | \$18.50  |
| 2. Total monetary contributions (From Forms 31-A and 31-E)    | \$0.00   |
| 3. Total other income (From Form 31-A-2)                      | \$0.00   |
| 4. Total funds available (sum of lines 1, 2, 3)               | \$18.50  |
| 5. Total monetary expenditures (From Forms 31-B and 31-F)     | \$0.00   |
| 6. Balance on hand (line 4 minus line 5)                      | \$18.50  |
| 7. Value of in-kind contributions received (From Form 31-J-1) | \$0.00   |
| 8. Value of in-kind contributions made (From Form 31-J-2)     | \$0.00   |
| 9. Outstanding loans owed by committee (From Form 31-C)       | \$100.00 |
| 10. Outstanding debts owed by committee (From Form 31-N)      | \$0.00   |
| 11. Outstanding loans owed to committee (From Form 31-K)      | \$0.00   |
| 12. Value of independent expenditures made (From Form 31-U)   | \$0.00   |

all  
5.10.24

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

04/25/2024

Date (MM/DD/YYYY)

Contribution Pages

0

Expenditure Pages

0

Other Pages

0

Total Pages

1

Last Updated 09/2017

|  |  |                                    |             |  |
|--|--|------------------------------------|-------------|--|
| Committee Name<br>The Committee To Elect Aaron E. Haslam Adams County Prosecutor |  | Office Sought<br>County Prosecutor |             | District<br>01                           |
| Street Address<br>515 E. Mulberry St. Apt. A                                     |  | City<br>West Union                 | State<br>OH | Zip<br>45693                             |
| Candidate Name OR PAC Registration Number<br>Aaron E. Haslam                     |  | Treasurer Name<br>Aaron E. Haslam  |             | Election Date (MM/DD/YYYY)<br>11/05/2024 |

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

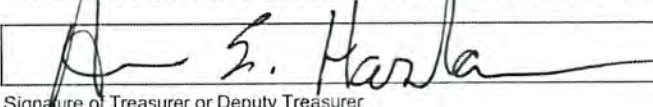
Statewide Candidates Only:  
☐ July Monthly   ☐ August Monthly   ☐ September Monthly

|  |   |  |
|--|---|--|
| <b>Amended Report</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Termination</b><br><input type="checkbox"/> Check this box if the committee wishes to terminate with this report | <b>Short Form Report</b> (R.C. 3517.10(H))<br><input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions. |
|--|---|--|

|   |              |
|---|--------------|
| 1. Amount brought forward from last report                    | \$18.50 ✓    |
| 2. Total monetary contributions (From Forms 31-A and 31-E)    | \$0.00       |
| 3. Total other income (From Form 31-A-2)                      | \$7,500 ✓    |
| 4. Total funds available (sum of lines 1, 2, 3)               | \$7,518.50 ✓ |
| 5. Total monetary expenditures (From Forms 31-B and 31-F)     | \$5848.45 ✓  |
| 6. Balance on hand (line 4 minus line 5)                      | \$1,679.05   |
| 7. Value of in-kind contributions received (From Form 31-J-1) | \$875.00 ✓   |
| 8. Value of in-kind contributions made (From Form 31-J-2)     | \$0.00       |
| 9. Outstanding loans owed by committee (From Form 31-C)       | \$7,600.00 ✓ |
| 10. Outstanding debts owed by committee (From Form 31-N)      | 0.00         |
| 11. Outstanding loans owed to committee (From Form 31-K)      | 0.00         |
| 12. Value of independent expenditures made (From Form 31-U)   | 0.00         |

1670.05  
11-20-24  
AHL

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

10/24/2024  
Date (MM/DD/YYYY)

Contribution Pages  
2

Expenditure Pages  
4

Other Pages  
18

Total Pages  
24

# Statement of Contributions Received

Form 31-A

ORC 3517.10

|                          |            |   |                             |                          |
|--------------------------|------------|---|-----------------------------|--------------------------|
| Full Name of Committee   |            |   |                             |                          |
| Full Name of Contributor |            |   | Registration Number, if PAC |                          |
| Street Address           |            | Employer/Occupation/Labor Organization* |                             | Form (Cash, Check, etc.) |
| City                     | State<br>▼ | 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<br>▼ | 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<br>▼ | 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<br>▼ | 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<br>▼ | 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 0.00



## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

|                               |   |          |                             |        |
|-------------------------------|---|----------|-----------------------------|--------|
| <b>Full Name of Committee</b> |   |          |                             |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor      |   |          | Registration Number, if PAC |        |
| Street Address                | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                          | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\_\_\_\_\_

Total Expenditures This Event  
\_\_\_\_\_

Page Total \$ 0.00

**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

|   |  |  |  |
|---|--|--|--|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |  |  |  |
| <b>Full Name of Contributor</b><br>Aaron E. Haslam  |  | <b>Registration Number, if PAC</b>     |  |
| <b>Street Address</b><br>515 E. Mulberry St., Apt. A  | <b>Type*</b><br>Loan Payments Received <input checked="" type="checkbox"/> | <b>Date (MM/DD/YYYY)</b><br>07/12/2024 | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>West Union   | <b>State</b><br>OH   | <b>Zip Code</b><br>45693               | <b>Amount</b><br>\$5,000 ✓               |
| <b>Full Name of Contributor</b><br>Aaorn E. Halsam  |  | <b>Registration Number, if PAC</b>     |  |
| <b>Street Address</b><br>515 E. Mulberry St., Apt. A  | <b>Type*</b><br>Loan Payments Received <input checked="" type="checkbox"/> | <b>Date (MM/DD/YYYY)</b><br>09/16/2024 | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>West Union   | <b>State</b><br>OH   | <b>Zip Code</b><br>45693               | <b>Amount</b><br>\$2,500 ✓               |
| <b>Full Name of Contributor</b>   |  | <b>Registration Number, if PAC</b>     |  |
| <b>Street Address</b>   | <b>Type*</b><br>Refund   | <b>Date (MM/DD/YYYY)</b>               | <b>Form (Cash, Check, etc.)</b>          |
| <b>City</b>   | <b>State</b><br>OH   | <b>Zip Code</b>                        | <b>Amount</b>                            |
| <b>Full Name of Contributor</b>   |  | <b>Registration Number, if PAC</b>     |  |
| <b>Street Address</b>   | <b>Type*</b><br>Refund   | <b>Date (MM/DD/YYYY)</b>               | <b>Form (Cash, Check, etc.)</b>          |
| <b>City</b>   | <b>State</b><br>OH   | <b>Zip Code</b>                        | <b>Amount</b>                            |
| <b>Full Name of Contributor</b>   |  | <b>Registration Number, if PAC</b>     |  |
| <b>Street Address</b>   | <b>Type*</b><br>Refund   | <b>Date (MM/DD/YYYY)</b>               | <b>Form (Cash, Check, etc.)</b>          |
| <b>City</b>   | <b>State</b><br>OH   | <b>Zip Code</b>                        | <b>Amount</b>                            |

\* 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 \$ \$7,500 ✓

# Statement of Expenditures

Form 31-B

R.C. 3517.10

|   |             |                                 |                        |
|---|-------------|---------------------------------|------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                                 |                        |
| To Whom Paid<br>Adams County Agricultural Society   |             | Date (MM/DD/YYYY)<br>07/10/24   | Amount<br>235.00 ✓     |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1002   |
| To Whom Paid<br>Adams County Agricultural Society   |             | Date (MM/DD/YYYY)<br>07/13/24   | Amount<br>\$2,959.45 ✓ |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1003   |
| To Whom Paid<br>Seaman Fall Festival  |             | Date (MM/DD/YYYY)<br>07/25/24   | Amount<br>\$50.00 ✓    |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1021   |
| To Whom Paid<br>Winchester Homecoming Festival  |             | Date (MM/DD/YYYY)<br>08/14/24   | Amount<br>\$100.00 ✓   |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>Winchester  | State<br>OH | Zip Code<br>45697               | Check Number<br>1022   |
| To Whom Paid<br>Southern Ohio Creations LLC   |             | Date (MM/DD/YYYY)<br>08/21/24   | Amount<br>\$424.00 ✓   |
| Street Address  |             | Purpose<br>Campaign t-shirts    |                        |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1023   |

Page Total \$ 3768.45 ✓

**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|  |       |                       |              |
|--|-------|-----------------------|--------------|
| <b>Full Name of Committee</b>                                  |       |                       |              |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |       |                       |              |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Chris Moore  |       | 08/25/24              | \$125.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Signs        |              |
| City   | State | Zip Code              | Check Number |
| Winchester   | OH    | 45697                 | 1024         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Hawkins for Ohio   |       | 08/26/24              | \$500.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Donation     |              |
| City   | State | Zip Code              | Check Number |
|  | OH    |                       | 1025         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Bentonville Harvest Festival                                   |       | 08/27/24              | \$100 ✓      |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Advertising  |              |
| City   | State | Zip Code              | Check Number |
| Bentonville  | OH    | 45105                 | 1026         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Bentonville Harvest Festival                                   |       | 09/07/2024            | \$250.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Advertising  |              |
| City   | State | Zip Code              | Check Number |
| Bentonville  | OH    | 45105                 | 1027         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Skinny Fest Productions  |       | 09/11/24              | \$450 ✓      |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Adverstising |              |
| City   | State | Zip Code              | Check Number |
| West Union   | OH    | 45693                 | 1028         |

Page Total \$ 1,425.00 ✓

# Statement of Expenditures

Form 31-B

R.C. 3517.10

|   |             |                                 |                      |
|---|-------------|---------------------------------|----------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                                 |                      |
| To Whom Paid<br>Side Effects Graphics   |             | Date (MM/DD/YYYY)<br>09/15/24   | Amount<br>\$100.00 ✓ |
| Street Address  |             | Purpose<br>Campaign Signs       |                      |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1029 |
| To Whom Paid<br>Southern Ohio Creations LLC   |             | Date (MM/DD/YYYY)<br>09/16/24   | Amount<br>\$90.00 ✓  |
| Street Address  |             | Purpose<br>Campaign t-shirts    |                      |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1030 |
| To Whom Paid<br>Seaman Fall Festival  |             | Date (MM/DD/YYYY)<br>09/19/24   | Amount<br>\$465.00 ✓ |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1031 |
| To Whom Paid  |             | Date (MM/DD/YYYY)               | Amount               |
| Street Address  |             | Purpose                         |                      |
| City  | State<br>OH | Zip Code                        | Check Number         |
| To Whom Paid  |             | Date (MM/DD/YYYY)               | Amount               |
| Street Address  |             | Purpose                         |                      |
| City  | State<br>OH | Zip Code                        | Check Number         |

Page Total \$ \$655.00 ✓



## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

|                               |                                      |                          |                     |               |
|-------------------------------|--------------------------------------|--------------------------|---------------------|---------------|
| <b>Full Name of Committee</b> |                                      |                          |                     |               |
| <b>To Whom Paid</b>           |                                      | <b>Date (MM/DD/YYYY)</b> |                     | <b>Amount</b> |
| <b>Street Address</b>         |                                      | <b>Purpose</b>           |                     |               |
| <b>City</b>                   | <b>State</b><br><input type="text"/> | <b>Zip Code</b>          | <b>Check Number</b> |               |
| <b>To Whom Paid</b>           |                                      | <b>Date (MM/DD/YYYY)</b> |                     | <b>Amount</b> |
| <b>Street Address</b>         |                                      | <b>Purpose</b>           |                     |               |
| <b>City</b>                   | <b>State</b><br><input type="text"/> | <b>Zip Code</b>          | <b>Check Number</b> |               |
| <b>To Whom Paid</b>           |                                      | <b>Date (MM/DD/YYYY)</b> |                     | <b>Amount</b> |
| <b>Street Address</b>         |                                      | <b>Purpose</b>           |                     |               |
| <b>City</b>                   | <b>State</b><br><input type="text"/> | <b>Zip Code</b>          | <b>Check Number</b> |               |
| <b>To Whom Paid</b>           |                                      | <b>Date (MM/DD/YYYY)</b> |                     | <b>Amount</b> |
| <b>Street Address</b>         |                                      | <b>Purpose</b>           |                     |               |
| <b>City</b>                   | <b>State</b><br><input type="text"/> | <b>Zip Code</b>          | <b>Check Number</b> |               |
| <b>To Whom Paid</b>           |                                      | <b>Date (MM/DD/YYYY)</b> |                     | <b>Amount</b> |
| <b>Street Address</b>         |                                      | <b>Purpose</b>           |                     |               |
| <b>City</b>                   | <b>State</b><br><input type="text"/> | <b>Zip Code</b>          | <b>Check Number</b> |               |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 0.00

## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

|   |  |  |   |                               |
|---|--|--|---|-------------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |  |  |   |                               |
| Full Name of Contributor<br>Dottie Latham   |  | Employer, Occupation, Labor Organization*<br>Self-Employed |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service<br>Signs    |  | Date (MM/DD/YYYY)<br>09/30/24   | Fair Market Value<br>\$375.00 |
| City<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code<br>45697  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |
| Full Name of Contributor<br>Dottie Latham   |  | Employer, Occupation, Labor Organization*<br>Self-Employed |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service<br>t-shirts |  | Date (MM/DD/YYYY)<br>08/21/24   | Fair Market Value<br>\$500    |
| City<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code<br>45697  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |
| Full Name of Contributor  |  | Employer, Occupation, Labor Organization*<br>Investigator  |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service             |  | Date (MM/DD/YYYY)   | Fair Market Value             |
| City  | State<br><input type="checkbox"/>          | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br><input type="checkbox"/>          | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 875.00 ✓

## In-Kind Contributions Made

Form 31-J-2  
R.C. 3517.10

|                        |                                |          |                   |                   |
|------------------------|--------------------------------|----------|-------------------|-------------------|
| Full Name of Committee |                                |          |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |
| Recipient Committee    |                                |          |                   |                   |
| Street Address         | Description of Item or Service |          | Date (MM/DD/YYYY) | Fair Market Value |
| City                   | State<br>OH                    | Zip Code |                   |                   |

Page Total \$ 0.00

# Statement of Loans Received

Form 31-C

R.C. 3517.10

|   |             |                   |   |                |                              |  |  |
|---|-------------|-------------------|---|----------------|------------------------------|--|--|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                   |   |                |                              |  |  |
| From Whom Received<br>Aaron E. Haslam   |             |                   |   |                | Prior Amount<br>\$100 ✓      | Amt. Incurred this Period<br>\$7,500 ✓ |  |
| Street Address<br>515 E. Mulberry St., Apt. A   |             |                   |   |                |                              | Outstanding Balance<br>\$7,600 ✓       |  |
| City<br>West Union  | State<br>OH | Zip Code<br>45693 | <b>Loans Received This Period</b>       |                | <b>Payments This Period</b>  |  |  |
| Date Loan was Originally Incurred (MM/DD/YYYY)<br>11/03/23                                      |             |                   | Date of Loan (MM/DD/YYYY)<br>07/12/2024 | Amount<br>5000 | Date of Payment (MM/DD/YYYY) | Amount                                 |  |
| Registration Number, if PAC   |             |                   | Date of Loan (MM/DD/YYYY)<br>09/16/24   | Amount<br>2500 | Date of Payment (MM/DD/YYYY) | Amount                                 |  |
| Employer/Occupation/Labor Organization*<br>Adams County Attorney/Candidate                      |             |                   | Date of Loan (MM/DD/YYYY)               | Amount         | Date of Payment (MM/DD/YYYY) | Amount                                 |  |
| From Whom Received  |             |                   |   |                | Prior Amount                 | Amt. Incurred this Period              |  |
| Street Address  |             |                   |   |                |                              | Outstanding Balance                    |  |
| City  | State       | Zip Code          | <b>Loans Received This Period</b>       |                | <b>Payments This Period</b>  |  |  |
| Date Loan was Originally Incurred (MM/DD/YYYY)  |             |                   | Date of Loan (MM/DD/YYYY)               | Amount         | Date of Payment (MM/DD/YYYY) | Amount                                 |  |
| Registration Number, if PAC   |             |                   | Date of Loan (MM/DD/YYYY)               | Amount         | Date of Payment (MM/DD/YYYY) | Amount                                 |  |
| Employer/Occupation/Labor Organization*   |             |                   | Date of Loan (MM/DD/YYYY)               | Amount         | Date of Payment (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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 100.00

Total Received This Period \$ 7,500 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 7,600 (also record on Form 30-A)



## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

|  |       |                              |                              |                             |
|--|-------|------------------------------|------------------------------|-----------------------------|
| Full Name of Committee                         |       |                              |                              |                             |
| To Whom Owed                                   |       |                              | Prior Amount                 | Amount Incurred this Period |
| Street Address                                 |       |                              | Item or Purpose of Debt      | Outstanding Balance         |
| City   | State | Zip Code                     | Payments This Period         |                             |
|  |       |                              |                              |                             |
| Date Debt was Originally Incurred (MM/DD/YYYY) |       | Date of Payment (MM/DD/YYYY) | Amount                       |                             |
|  |       |                              |                              |                             |
| Registration Number, if PAC                    |       |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |       |                              |                              |                             |
|  |       |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |       |                              |                              |                             |
| To Whom Owed                                   |       |                              | Prior Amount                 | Amount Incurred this Period |
| Street Address                                 |       |                              | Item or Purpose of Debt      | Outstanding Balance         |
| City   | State | Zip Code                     | Payments This Period         |                             |
|  |       |                              |                              |                             |
| Date Debt was Originally Incurred (MM/DD/YYYY) |       | Date of Payment (MM/DD/YYYY) | Amount                       |                             |
|  |       |                              |                              |                             |
| Registration Number, if PAC                    |       |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |       |                              |                              |                             |
|  |       |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |       |                              |                              |                             |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 0.00

(also record on Form 31-B)

Total Outstanding Balance \$ 0.00

(also record on cover page)

## Statement of Loans Made

Form 31-K  
R.C. 3517.10

|  |       |          |                               |                           |
|--|-------|----------|-------------------------------|---------------------------|
| Full Name of Committee                     |       |          |                               |                           |
| To Whom Made                               |       |          | Prior Amount                  | Amount Loaned this Period |
| Street Address                             |       |          |                               | Outstanding Balance       |
| City                                       | State | Zip Code | Payments Received This Period |                           |
|  |       |          |                               |                           |
| Date Loan Was Originally Made (MM/DD/YYYY) |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |
|  |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |
|  |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |
| To Whom Made                               |       |          | Prior Amount                  | Amount Loaned this Period |
| Street Address                             |       |          |                               | Outstanding Balance       |
| City                                       | State | Zip Code | Payments Received This Period |                           |
|  |       |          |                               |                           |
| Date Loan Was Originally Made (MM/DD/YYYY) |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |
|  |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |
|  |       |          | Date of Payment (MM/DD/YYYY)  | Amount                    |

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

Total Loans This Period \$ 0.00 (also record on Form 31-B)

Page Outstanding Balance \$ 0.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also record on Forms 31-A-2)

# Independent Expenditures Made by a Campaign Committee, PAC, Political Party or Legislative Campaign Fund

Form 31-U

R.C. 3517.105

|                           |             |  |                   |                             |
|---------------------------|-------------|--|-------------------|-----------------------------|
| Full Name of Committee    |             |  |                   |                             |
| Candidate or Ballot Issue |             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |                   | If Candidate, Office Sought |
| To Whom Paid              |             |  |                   |                             |
| Street Address            | Purpose     |  | Date (MM/DD/YYYY) | Amount                      |
| City                      | State<br>OH | Zip Code   |                   |                             |
| Candidate or Ballot Issue |             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |                   | If Candidate, Office Sought |
| To Whom Paid              |             |  |                   |                             |
| Street Address            | Purpose     |  | Date (MM/DD/YYYY) | Amount                      |
| City                      | State<br>OH | Zip Code   |                   |                             |
| Candidate or Ballot Issue |             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |                   | If Candidate, Office Sought |
| To Whom Paid              |             |  |                   |                             |
| Street Address            | Purpose     |  | Date (MM/DD/YYYY) | Amount                      |
| City                      | State<br>OH | Zip Code   |                   |                             |
| Candidate or Ballot Issue |             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |                   | If Candidate, Office Sought |
| To Whom Paid              |             |  |                   |                             |
| Street Address            | Purpose     |  | Date (MM/DD/YYYY) | Amount                      |
| City                      | State<br>OH | Zip Code   |                   |                             |
| Candidate or Ballot Issue |             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |                   | If Candidate, Office Sought |
| To Whom Paid              |             |  |                   |                             |
| Street Address            | Purpose     |  | Date (MM/DD/YYYY) | Amount                      |
| City                      | State<br>OH | Zip Code   |                   |                             |



# Ohio Campaign Finance Report

Form 30-A  
ORC 3517.10

|  |  |                                    |             |  |
|--|--|------------------------------------|-------------|--|
| Committee Name<br>The Committee To Elect Aaron E. Haslam Adams County Prosecutor |  | Office Sought<br>County Prosecutor |             | District<br>01                           |
| Street Address<br>515 E. Mulberry St. Apt. A                                     |  | City<br>West Union                 | State<br>OH | Zip<br>45693                             |
| Candidate Name OR PAC Registration Number<br>Aaron E. Haslam                     |  | Treasurer Name<br>Aaron E. Haslam  |             | Election Date (MM/DD/YYYY)<br>11/05/2024 |

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


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

|  |   |  |
|--|---|--|
| <b>Amended Report</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Termination</b><br><input type="checkbox"/> Check this box if the committee wishes to terminate with this report | <b>Short Form Report</b> (R.C. 3517.10(H))<br><input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions. |
|--|---|--|

|   |              |
|---|--------------|
| 1. Amount brought forward from last report                    | \$18.50 ✓    |
| 2. Total monetary contributions (From Forms 31-A and 31-E)    | \$0.00       |
| 3. Total other income (From Form 31-A-2)                      | \$7,500 ✓    |
| 4. Total funds available (sum of lines 1, 2, 3)               | \$7,518.50 ✓ |
| 5. Total monetary expenditures (From Forms 31-B and 31-F)     | \$5848.45 ✓  |
| 6. Balance on hand (line 4 minus line 5)                      | \$1,679.05   |
| 7. Value of in-kind contributions received (From Form 31-J-1) | \$875.00 ✓   |
| 8. Value of in-kind contributions made (From Form 31-J-2)     | \$0.00       |
| 9. Outstanding loans owed by committee (From Form 31-C)       | \$7,600.00 ✓ |
| 10. Outstanding debts owed by committee (From Form 31-N)      | 0.00         |
| 11. Outstanding loans owed to committee (From Form 31-K)      | 0.00         |
| 12. Value of independent expenditures made (From Form 31-U)   | 0.00         |

\$1670.05  
11-20-24  
AEL

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

10/24/2024  
Date (MM/DD/YYYY)

Contribution Pages  
2

Expenditure Pages  
4

Other Pages  
18

Total Pages  
24

Last Updated 09/2017



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|                          |            |   |                             |                          |
|--------------------------|------------|---|-----------------------------|--------------------------|
| Full Name of Committee   |            |   |                             |                          |
| Full Name of Contributor |            |   | Registration Number, if PAC |                          |
| Street Address           |            | Employer/Occupation/Labor Organization* |                             | Form (Cash, Check, etc.) |
| City                     | State<br>▼ | 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<br>▼ | 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<br>▼ | 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<br>▼ | 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<br>▼ | 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<br>▼ | 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)]

# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

|                          |   |          |                             |        |
|--------------------------|---|----------|-----------------------------|--------|
| Full Name of Committee   |   |          |                             |        |
| Full Name of Contributor |   |          | Registration Number, if PAC |        |
| Street Address           | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                     | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor |   |          | Registration Number, if PAC |        |
| Street Address           | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                     | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor |   |          | Registration Number, if PAC |        |
| Street Address           | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                     | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor |   |          | Registration Number, if PAC |        |
| Street Address           | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                     | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor |   |          | Registration Number, if PAC |        |
| Street Address           | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City                     | State<br>▼                              | Zip Code | Form (Cash, Check, Etc)     |        |

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\_\_\_\_\_

Total Expenditures This Event  
\_\_\_\_\_

Page Total \$ 0.00

**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

|  |  |                             |                          |
|--|--|-----------------------------|--------------------------|
| <b>Full Name of Committee</b>                                  |  |                             |                          |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |  |                             |                          |
| Full Name of Contributor                                       |  | Registration Number, if PAC |                          |
| Aaron E. Haslam  |  |                             |                          |
| Street Address   | Type*  | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| 515 E. Mulberry St., Apt. A                                    | Loan Payments Received <input checked="" type="checkbox"/> | 07/12/2024                  | Check                    |
| City   | State  | Zip Code                    | Amount                   |
| West Union   | OH   | 45693                       | \$5,000 ✓                |
| Full Name of Contributor                                       |  | Registration Number, if PAC |                          |
| Aaorn E. Halsam  |  |                             |                          |
| Street Address   | Type*  | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| 515 E. Mulberry St., Apt. A                                    | Loan Payments Received <input checked="" type="checkbox"/> | 09/16/2024                  | Check                    |
| City   | State  | Zip Code                    | Amount                   |
| West Union   | OH   | 45693                       | \$2,500 ✓                |
| Full Name of Contributor                                       |  | Registration Number, if PAC |                          |
|  |  |                             |                          |
| Street Address   | Type*  | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
|  | Refund   |                             |                          |
| City   | State  | Zip Code                    | Amount                   |
|  | OH   |                             |                          |
| Full Name of Contributor                                       |  | Registration Number, if PAC |                          |
|  |  |                             |                          |
| Street Address   | Type*  | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
|  | Refund   |                             |                          |
| City   | State  | Zip Code                    | Amount                   |
|  | OH   |                             |                          |
| Full Name of Contributor                                       |  | Registration Number, if PAC |                          |
|  |  |                             |                          |
| Street Address   | Type*  | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
|  | Refund   |                             |                          |
| City   | State  | Zip Code                    | Amount                   |
|  | OH   |                             |                          |

\* 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 \$ \$7,500 ✓

# Statement of Expenditures

Form 31-B

R.C. 3517.10

|   |             |                                 |                        |
|---|-------------|---------------------------------|------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                                 |                        |
| To Whom Paid<br>Adams County Agricultural Society   |             | Date (MM/DD/YYYY)<br>07/10/24   | Amount<br>235.00 ✓     |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1002   |
| To Whom Paid<br>Adams County Agricultural Society   |             | Date (MM/DD/YYYY)<br>07/13/24   | Amount<br>\$2,959.45 ✓ |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1003   |
| To Whom Paid<br>Seaman Fall Festival  |             | Date (MM/DD/YYYY)<br>07/25/24   | Amount<br>\$50.00 ✓    |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1021   |
| To Whom Paid<br>Winchester Homecoming Festival  |             | Date (MM/DD/YYYY)<br>08/14/24   | Amount<br>\$100.00 ✓   |
| Street Address  |             | Purpose<br>Campaign Advertising |                        |
| City<br>Winchester  | State<br>OH | Zip Code<br>45697               | Check Number<br>1022   |
| To Whom Paid<br>Southern Ohio Creations LLC   |             | Date (MM/DD/YYYY)<br>08/21/24   | Amount<br>\$424.00 ✓   |
| Street Address  |             | Purpose<br>Campaign t-shirts    |                        |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1023   |

Page Total \$ 3768.45 ✓



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|  |       |                       |              |
|--|-------|-----------------------|--------------|
| <b>Full Name of Committee</b>                                  |       |                       |              |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |       |                       |              |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Chris Moore  |       | 08/25/24              | \$125.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Signs        |              |
| City   | State | Zip Code              | Check Number |
| Winchester   | OH    | 45697                 | 1024         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Hawkins for Ohio   |       | 08/26/24              | \$500.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Donation     |              |
| City   | State | Zip Code              | Check Number |
|  | OH    |                       | 1025         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Bentonville Harvest Festival                                   |       | 08/27/24              | \$100 ✓      |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Advertising  |              |
| City   | State | Zip Code              | Check Number |
| Bentonville  | OH    | 45105                 | 1026         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Bentonville Harvest Festival                                   |       | 09/07/2024            | \$250.00 ✓   |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Advertising  |              |
| City   | State | Zip Code              | Check Number |
| Bentonville  | OH    | 45105                 | 1027         |
| To Whom Paid   |       | Date (MM/DD/YYYY)     | Amount       |
| Skinny Fest Productions  |       | 09/11/24              | \$450 ✓      |
| Street Address   |       | Purpose               |              |
|  |       | Campaign Adverstising |              |
| City   | State | Zip Code              | Check Number |
| West Union   | OH    | 45693                 | 1028         |

Page Total \$ 1,425.00 ✓

**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|   |             |                                 |                      |
|---|-------------|---------------------------------|----------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                                 |                      |
| To Whom Paid<br>Side Effects Graphics   |             | Date (MM/DD/YYYY)<br>09/15/24   | Amount<br>\$100.00 ✓ |
| Street Address  |             | Purpose<br>Campaign Signs       |                      |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1029 |
| To Whom Paid<br>Southern Ohio Creations LLC   |             | Date (MM/DD/YYYY)<br>09/16/24   | Amount<br>\$90.00 ✓  |
| Street Address  |             | Purpose<br>Campaign t-shirts    |                      |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1030 |
| To Whom Paid<br>Seaman Fall Festival  |             | Date (MM/DD/YYYY)<br>09/19/24   | Amount<br>\$465.00 ✓ |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1031 |
| To Whom Paid  |             | Date (MM/DD/YYYY)               | Amount               |
| Street Address  |             | Purpose                         |                      |
| City  | State<br>OH | Zip Code                        | Check Number         |
| To Whom Paid  |             | Date (MM/DD/YYYY)               | Amount               |
| Street Address  |             | Purpose                         |                      |
| City  | State<br>OH | Zip Code                        | Check Number         |

Page Total \$ 655.00 ✓

# Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

|                               |   |          |                   |        |
|-------------------------------|---|----------|-------------------|--------|
| <b>Full Name of Committee</b> |   |          |                   |        |
| To Whom Paid                  |   |          | Date (MM/DD/YYYY) | Amount |
| Street Address                |   | Purpose  |                   |        |
| City                          | State<br><input type="text" value="▼"/> | Zip Code | Check Number      |        |
| To Whom Paid                  |   |          | Date (MM/DD/YYYY) | Amount |
| Street Address                |   | Purpose  |                   |        |
| City                          | State<br><input type="text" value="▼"/> | Zip Code | Check Number      |        |
| To Whom Paid                  |   |          | Date (MM/DD/YYYY) | Amount |
| Street Address                |   | Purpose  |                   |        |
| City                          | State<br><input type="text" value="▼"/> | Zip Code | Check Number      |        |
| To Whom Paid                  |   |          | Date (MM/DD/YYYY) | Amount |
| Street Address                |   | Purpose  |                   |        |
| City                          | State<br><input type="text" value="▼"/> | Zip Code | Check Number      |        |
| To Whom Paid                  |   |          | Date (MM/DD/YYYY) | Amount |
| Street Address                |   | Purpose  |                   |        |
| City                          | State<br><input type="text" value="▼"/> | Zip Code | Check Number      |        |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 0.00

## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

|   |  |  |   |                               |
|---|--|--|---|-------------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |  |  |   |                               |
| Full Name of Contributor<br>Dottie Latham   |  | Employer, Occupation, Labor Organization*<br>Self-Employed |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service<br>Signs    |  | Date (MM/DD/YYYY)<br>09/30/24   | Fair Market Value<br>\$375.00 |
| City<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code<br>45697  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |
| Full Name of Contributor<br>Dottie Latham   |  | Employer, Occupation, Labor Organization*<br>Self-Employed |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service<br>t-shirts |  | Date (MM/DD/YYYY)<br>08/21/24   | Fair Market Value<br>\$500    |
| City<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code<br>45697  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br>Winchester  | State<br>OH <input type="checkbox"/>       | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |
| Full Name of Contributor  |  | Employer, Occupation, Labor Organization*<br>Investigator  |   | Registration Number, if PAC   |
| Street Address  | Description of Item or Service             |  | Date (MM/DD/YYYY)   | Fair Market Value             |
| City  | State<br><input type="checkbox"/>          | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br><input type="checkbox"/>          | Zip Code   | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 875.00 ✓



## In-Kind Contributions Made

Form 31-J-2  
R.C. 3517.10

|                        |  |                                |          |                   |
|------------------------|--|--------------------------------|----------|-------------------|
| Full Name of Committee |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |
| Recipient Committee    |  |                                |          |                   |
| Street Address         |  | Description of Item or Service |          | Date (MM/DD/YYYY) |
| City                   |  | State                          | Zip Code | Fair Market Value |
| OH                     |  |                                |          |                   |

# Statement of Loans Received

Form 31-C

R.C. 3517.10

|   |             |   |                                   |  |                             |
|---|-------------|---|-----------------------------------|--|-----------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |   |                                   |  |                             |
| From Whom Received<br>Aaron E. Haslam   |             |   | Prior Amount<br>\$100 /           | Amt. Incurred this Period<br>\$7,500 / |                             |
| Street Address<br>515 E. Mulberry St., Apt. A   |             |   | Outstanding Balance<br>\$7,600 /  |  |                             |
| City<br>West Union  | State<br>OH | Zip Code<br>45693                       | <b>Loans Received This Period</b> |  | <b>Payments This Period</b> |
| Date Loan was Originally Incurred (MM/DD/YYYY)<br>11/03/23                                      |             | Date of Loan (MM/DD/YYYY)<br>07/12/2024 | Amount<br>5000                    | Date of Payment (MM/DD/YYYY)           | Amount                      |
| Registration Number, if PAC   |             | Date of Loan (MM/DD/YYYY)<br>09/16/24   | Amount<br>2500                    | Date of Payment (MM/DD/YYYY)           | Amount                      |
| Employer/Occupation/Labor Organization*<br>Adams County Attorney/Candidate                      |             | Date of Loan (MM/DD/YYYY)               | Amount                            | Date of Payment (MM/DD/YYYY)           | Amount                      |
| From Whom Received  |             |   | Prior Amount                      | Amt. Incurred this Period              |                             |
| Street Address  |             |   | Outstanding Balance               |  |                             |
| City  | State       | Zip Code                                | <b>Loans Received This Period</b> |  | <b>Payments This Period</b> |
| Date Loan was Originally Incurred (MM/DD/YYYY)  |             | Date of Loan (MM/DD/YYYY)               | Amount                            | Date of Payment (MM/DD/YYYY)           | Amount                      |
| Registration Number, if PAC   |             | Date of Loan (MM/DD/YYYY)               | Amount                            | Date of Payment (MM/DD/YYYY)           | Amount                      |
| Employer/Occupation/Labor Organization*   |             | Date of Loan (MM/DD/YYYY)               | Amount                            | Date of Payment (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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 100.00

Total Received This Period \$ 7,500 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 7,600 (also record on Form 30-A)

## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

|  |                          |                              |                              |                             |
|--|--------------------------|------------------------------|------------------------------|-----------------------------|
| Full Name of Committee                         |                          |                              |                              |                             |
| To Whom Owed                                   |                          |                              | Prior Amount                 | Amount Incurred this Period |
| Street Address                                 |                          |                              | Item or Purpose of Debt      | Outstanding Balance         |
| City   | State                    | Zip Code                     | Payments This Period         |                             |
|  | <input type="checkbox"/> |                              |                              |                             |
| Date Debt was Originally Incurred (MM/DD/YYYY) |                          | Date of Payment (MM/DD/YYYY) | Amount                       |                             |
| Registration Number, if PAC                    |                          |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |                          |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
| To Whom Owed                                   |                          |                              | Prior Amount                 | Amount Incurred this Period |
| Street Address                                 |                          |                              | Item or Purpose of Debt      | Outstanding Balance         |
| City   | State                    | Zip Code                     | Payments This Period         |                             |
|  | <input type="checkbox"/> |                              |                              |                             |
| Date Debt was Originally Incurred (MM/DD/YYYY) |                          | Date of Payment (MM/DD/YYYY) | Amount                       |                             |
| Registration Number, if PAC                    |                          |                              | Date of Payment (MM/DD/YYYY) | Amount                      |
|  |                          |                              | Date of Payment (MM/DD/YYYY) | Amount                      |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

## Statement of Loans Made

Form 31-K  
R.C. 3517.10

|  |       |                              |                               |
|--|-------|------------------------------|-------------------------------|
| Full Name of Committee                     |       |                              |                               |
| To Whom Made                               |       | Prior Amount                 | Amount Loaned this Period     |
| Street Address                             |       |                              | Outstanding Balance           |
| City                                       | State | Zip Code                     | Payments Received This Period |
|  |       |                              |                               |
|  |       |                              |                               |
|  |       |                              |                               |
| Date Loan Was Originally Made (MM/DD/YYYY) |       | Date of Payment (MM/DD/YYYY) | Amount                        |
|  |       | Date of Payment (MM/DD/YYYY) | Amount                        |
|  |       | Date of Payment (MM/DD/YYYY) | Amount                        |
| To Whom Made                               |       | Prior Amount                 | Amount Loaned this Period     |
| Street Address                             |       |                              | Outstanding Balance           |
| City                                       | State | Zip Code                     | Payments Received This Period |
|  |       |                              |                               |
|  |       |                              |                               |
|  |       |                              |                               |
| Date Loan Was Originally Made (MM/DD/YYYY) |       | Date of Payment (MM/DD/YYYY) | Amount                        |
|  |       | Date of Payment (MM/DD/YYYY) | Amount                        |
|  |       | Date of Payment (MM/DD/YYYY) | Amount                        |

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

Total Loans This Period \$ 0.00 (also record on Form 31-B)

Page Outstanding Balance \$ 0.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also record on Forms 31-A-2)



# Independent Expenditures Made by a Campaign Committee, PAC, Political Party or Legislative Campaign Fund

Form 31-U

R.C. 3517.105

Full Name of Committee

Candidate or Ballot Issue

☐ Support ☐ Oppose

If Candidate, Office Sought

To Whom Paid

Street Address

Purpose

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Candidate or Ballot Issue

☐ Support ☐ Oppose

If Candidate, Office Sought

To Whom Paid

Street Address

Purpose

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Candidate or Ballot Issue

☐ Support ☐ Oppose

If Candidate, Office Sought

To Whom Paid

Street Address

Purpose

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Candidate or Ballot Issue

☐ Support ☐ Oppose

If Candidate, Office Sought

To Whom Paid

Street Address

Purpose

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Page Total \$0.00



# Ohio Campaign Finance Report

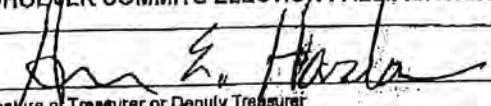
Form 30-A  
ORC 3517.10

|  |                                   |  |  |   |
|--|-----------------------------------|--|--|---|
| Committee Name<br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor   |                                   | Office Sought<br>County Prosecutor   |  | District<br>01  |
| Street Address<br>515 E. Mulberry St., Apt. A  | City<br>West Union                | State<br>OH  | Zip<br>45693                             |   |
| Candidate Name OR PAC Registration Number<br>Aaron E. Haslam   | Treasurer Name<br>Aaron E. Haslam |  | Election Date (MM/DD/YYYY)<br>11/05/2024 |   |
| Type of Report (choose one):<br><input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General |                                   |  |  |   |
| Statewide Candidates Only:<br><input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly   |                                   |  |  | Year<br>2024  |
| Amended Report<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                                   | Termination<br><input type="checkbox"/> Check this box if the committee wishes to terminate with this report |  | Short Form Report (R.C. 3517.10(H))<br><input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions. |

|   |             |   |
|---|-------------|---|
| 1. Amount brought forward from last report                    | \$1,670.05  | ✓ |
| 2. Total monetary contributions (From Forms 31-A and 31-E)    | \$10,400    | ✓ |
| 3. Total other income (From Form 31-A-2)                      | \$0.00      |   |
| 4. Total funds available (sum of lines 1, 2, 3)               | \$12,070.05 | ✓ |
| 5. Total monetary expenditures (From Forms 31-B and 31-F)     | \$7,583.32  | ✓ |
| 6. Balance on hand (line 4 minus line 5)                      | \$4,486.73  | ✓ |
| 7. Value of in-kind contributions received (From Form 31-J-1) | \$0.00      |   |
| 8. Value of in-kind contributions made (From Form 31-J-2)     | \$0.00      |   |
| 9. Outstanding loans owed by committee (From Form 31-C)       | \$7,600.00  | ✓ |
| 10. Outstanding debts owed by committee (From Form 31-N)      | 0.00        |   |
| 11. Outstanding loans owed to committee (From Form 31-K)      | 0.00        |   |
| 12. Value of independent expenditures made (From Form 31-U)   | 0.00        |   |

1/14/25 *ml*

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

12/13/2024  
Date (MM/DD/YYYY)

Contribution Pages  
1

Expenditure Pages  
2

Other Pages  
10

Total Pages  
13

Last Updated 09/2017

# Statement of Contributions Received

Form 31-A

ORC 3517.10

|   |                                      |   |                                 |                                   |
|---|--------------------------------------|---|---------------------------------|-----------------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |                                      |   |                                 |                                   |
| Full Name of Contributor<br>Harvey Knowles  |                                      |   | Registration Number, if PAC     |                                   |
| Street Address  |                                      | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check |
| City<br>Cincinnati  | State<br>OH <input type="checkbox"/> | Zip Code<br>45243                       | Date (MM/DD/YYYY)<br>10/25/2024 | Amount<br>\$5,000                 |
| Full Name of Contributor<br>Eileen Barrett  |                                      |   | Registration Number, if PAC     |                                   |
| Street Address  |                                      | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check |
| City<br>Cincinnati  | State<br>OH <input type="checkbox"/> | Zip Code<br>45243                       | Date (MM/DD/YYYY)<br>10/25/2024 | Amount<br>\$5,000                 |
| Full Name of Contributor<br>David and Kim Kelley  |                                      |   | Registration Number, if PAC     |                                   |
| Street Address  |                                      | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check |
| City<br>Mesa  | State<br>AZ <input type="checkbox"/> | Zip Code<br>85207                       | Date (MM/DD/YYYY)<br>10/25/2024 | Amount<br>\$300                   |
| Full Name of Contributor<br>Pam Geroux  |                                      |   | Registration Number, if PAC     |                                   |
| Street Address  |                                      | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check |
| City<br>Mesa  | State<br>AZ <input type="checkbox"/> | Zip Code<br>85207                       | Date (MM/DD/YYYY)<br>10/25/2024 | Amount<br>\$100                   |
| Full Name of Contributor  |                                      |   | Registration Number, if PAC     |                                   |
| Street Address  |                                      | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City  | State<br><input type="checkbox"/>    | 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 \$10,400 ✓

## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

|   |   |          |                             |        |
|---|---|----------|-----------------------------|--------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |   |          |                             |        |
| Full Name of Contributor  |   |          | Registration Number, if PAC |        |
| Street Address  | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City  | State<br><input type="text"/>           | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor  |   |          | Registration Number, if PAC |        |
| Street Address  | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City  | State<br><input type="text"/>           | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor  |   |          | Registration Number, if PAC |        |
| Street Address  | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City  | State<br><input type="text"/>           | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor  |   |          | Registration Number, if PAC |        |
| Street Address  | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City  | State<br><input type="text"/>           | Zip Code | Form (Cash, Check, Etc)     |        |
| Full Name of Contributor  |   |          | Registration Number, if PAC |        |
| Street Address  | Employer/Occupation/Labor Organization* |          | Date (MM/DD/YYYY)           | Amount |
| City  | State<br><input type="text"/>           | Zip Code | Form (Cash, Check, Etc)     |        |

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
N/A

Total Expenditures This Event  
N/A

Page Total \$ 0.00



# Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

|  |                 |                             |                          |
|--|-----------------|-----------------------------|--------------------------|
| <b>Full Name of Committee</b>                                  |                 |                             |                          |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |                 |                             |                          |
| Full Name of Contributor                                       |                 | Registration Number, if PAC |                          |
| Street Address   | Type*<br>Refund | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| City   | State<br>OH     | Zip Code                    | Amount                   |
| Full Name of Contributor                                       |                 | Registration Number, if PAC |                          |
| Street Address   | Type*<br>Refund | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| City   | State<br>OH     | Zip Code                    | Amount                   |
| Full Name of Contributor                                       |                 | Registration Number, if PAC |                          |
| Street Address   | Type*<br>Refund | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| City   | State<br>OH     | Zip Code                    | Amount                   |
| Full Name of Contributor                                       |                 | Registration Number, if PAC |                          |
| Street Address   | Type*<br>Refund | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| City   | State<br>OH     | Zip Code                    | Amount                   |
| Full Name of Contributor                                       |                 | Registration Number, if PAC |                          |
| Street Address   | Type*<br>Refund | Date (MM/DD/YYYY)           | Form (Cash, Check, etc.) |
| City   | State<br>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 \$ 0.00

# Statement of Expenditures

Form 31-B

R.C. 3517.10

|   |             |                                 |                      |
|---|-------------|---------------------------------|----------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                                 |                      |
| To Whom Paid<br>West Union Firemen's Building Assoc.  |             | Date (MM/DD/YYYY)<br>11/12/2024 | Amount<br>150.00 ✓   |
| Street Address  |             | Purpose<br>Campagin Advertising |                      |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1    |
| To Whom Paid<br>Kenny Dick  |             | Date (MM/DD/YYYY)<br>09/23/24   | Amount<br>165.00 ✓   |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>Peebles   | State<br>OH | Zip Code<br>45660               | Check Number<br>1032 |
| To Whom Paid<br>Southern Ohio Creations   |             | Date (MM/DD/YYYY)<br>10/16/2024 | Amount<br>55.00 ✓    |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>Seaman  | State<br>OH | Zip Code<br>45679               | Check Number<br>1033 |
| To Whom Paid<br>Southern Ohio Publishing  |             | Date (MM/DD/YYYY)<br>10/18/2024 | Amount<br>1,649.22 ✓ |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1034 |
| To Whom Paid<br>Jefferson Community Center  |             | Date (MM/DD/YYYY)<br>10/18/2024 | Amount<br>200.00 ✓   |
| Street Address  |             | Purpose<br>Campaign Advertising |                      |
| City<br>West Union  | State<br>OH | Zip Code<br>45693               | Check Number<br>1035 |

Page Total \$ 2219.22

# Statement of Expenditures

Form 31-B

R.C. 3517.10

|  |       |   |              |
|--|-------|---|--------------|
| <b>Full Name of Committee</b>                                  |       |   |              |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |       |   |              |
| To Whom Paid   |       | Date (MM/DD/YYYY)                               | Amount       |
| The Strategy Group for Media, Inc.                             |       | 10/28/2024                                      | 3,650.60 ✓   |
| Street Address   |       | Purpose   |              |
|  |       | Campaign Consultants and Advertising            |              |
| City   | State | Zip Code  | Check Number |
| Delaware   | OH    | 43015   | 1036         |
| To Whom Paid   |       | Date (MM/DD/YYYY)                               | Amount       |
| The Peebles Messenger  |       | 10/25/2024                                      | 350.00 ✓     |
| Street Address   |       | Purpose   |              |
|  |       | Campaign Advertising                            |              |
| City   | State | Zip Code  | Check Number |
| Peebles  | OH    | 45660   | 1037         |
| To Whom Paid   |       | Date (MM/DD/YYYY)                               | Amount       |
| The People's Defender  |       | 10/28/2024                                      | 313.50 ✓     |
| Street Address   |       | Purpose   |              |
|  |       | Campaign Advertising                            |              |
| City   | State | Zip Code  | Check Number |
| West Union   | OH    | 45693   | 1039         |
| To Whom Paid   |       | Date (MM/DD/YYYY)                               | Amount       |
| Manchester Elementary School                                   |       | 11/1/2024                                       | 250.00 ✓     |
| Street Address   |       | Purpose   |              |
|  |       | Campaign Advertising                            |              |
| City   | State | Zip Code  | Check Number |
| Manchester   | OH    | 45144   | 1040         |
| To Whom Paid   |       | Date (MM/DD/YYYY)                               | Amount       |
| Chelsea Phelps   |       | 11/12/2024                                      | 800.00 ✓     |
| Street Address   |       | Purpose   |              |
|  |       | Reimbursement for Campaign Advertising Expenses |              |
| City   | State | Zip Code  | Check Number |
| West Union   | OH    | 45693   | 9999         |

Page Total \$ 5,364.10

## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

|  |   |                   |              |        |
|--|---|-------------------|--------------|--------|
| <b>Full Name of Committee</b>                                  |   |                   |              |        |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |   |                   |              |        |
| To Whom Paid   |   | Date (MM/DD/YYYY) |              | Amount |
| Street Address   |   | Purpose           |              |        |
| City   | State<br><input type="text" value="▼"/> | Zip Code          | Check Number |        |
| To Whom Paid   |   | Date (MM/DD/YYYY) |              | Amount |
| Street Address   |   | Purpose           |              |        |
| City   | State<br><input type="text" value="▼"/> | Zip Code          | Check Number |        |
| To Whom Paid   |   | Date (MM/DD/YYYY) |              | Amount |
| Street Address   |   | Purpose           |              |        |
| City   | State<br><input type="text" value="▼"/> | Zip Code          | Check Number |        |
| To Whom Paid   |   | Date (MM/DD/YYYY) |              | Amount |
| Street Address   |   | Purpose           |              |        |
| City   | State<br><input type="text" value="▼"/> | Zip Code          | Check Number |        |
| To Whom Paid   |   | Date (MM/DD/YYYY) |              | Amount |
| Street Address   |   | Purpose           |              |        |
| City   | State<br><input type="text" value="▼"/> | Zip Code          | Check Number |        |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 0.00



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

|   |            |   |  |                                     |
|---|------------|---|--|-------------------------------------|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>▼ | Zip Code                                  | Received at Fundraising Event?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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 \$ 0.00

## In-Kind Contributions Made

Form 31-J-2  
R.C. 3517.10

|  |                                |                   |                   |  |
|--|--------------------------------|-------------------|-------------------|--|
| <b>Full Name of Committee</b>                                  |                                |                   |                   |  |
| The Committee to Elect Aaron E. Haslam Adams County Prosecutor |                                |                   |                   |  |
| Recipient Committee  |                                |                   |                   |  |
| Street Address   | Description of Item or Service | Date (MM/DD/YYYY) | Fair Market Value |  |
| City   | State<br>OH                    | Zip Code          |                   |  |
| Recipient Committee  |                                |                   |                   |  |
| Street Address   | Description of Item or Service | Date (MM/DD/YYYY) | Fair Market Value |  |
| City   | State<br>OH                    | Zip Code          |                   |  |
| Recipient Committee  |                                |                   |                   |  |
| Street Address   | Description of Item or Service | Date (MM/DD/YYYY) | Fair Market Value |  |
| City   | State<br>OH                    | Zip Code          |                   |  |
| Recipient Committee  |                                |                   |                   |  |
| Street Address   | Description of Item or Service | Date (MM/DD/YYYY) | Fair Market Value |  |
| City   | State<br>OH                    | Zip Code          |                   |  |
| Recipient Committee  |                                |                   |                   |  |
| Street Address   | Description of Item or Service | Date (MM/DD/YYYY) | Fair Market Value |  |
| City   | State<br>OH                    | Zip Code          |                   |  |

Page Total \$ 0,00

# Statement of Loans Received

Form 31-C

R.C. 3517.10

|   |             |                   |                                   |        |                              |                                   |  |
|---|-------------|-------------------|-----------------------------------|--------|------------------------------|-----------------------------------|--|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |             |                   |                                   |        |                              |                                   |  |
| From Whom Received<br>Aaron E. Haslam   |             |                   |                                   |        | Prior Amount<br>\$7,600 ✓    | Amt. Incurred this Period<br>0.00 |  |
| Street Address<br>515 E. Mulberry Street, Unit A  |             |                   |                                   |        |                              | Outstanding Balance<br>\$7,600    |  |
| City<br>West Union  | State<br>OH | Zip Code<br>45693 | <b>Loans Received This Period</b> |        | <b>Payments This Period</b>  |                                   |  |
| Date Loan was Originally Incurred (MM/DD/YYYY)<br>11/03/2023                                    |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (MM/DD/YYYY) | Amount                            |  |
| Registration Number, if PAC   |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (MM/DD/YYYY) | Amount                            |  |
| Employer/Occupation/Labor Organization*   |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (MM/DD/YYYY) | Amount                            |  |
| From Whom Received  |             |                   |                                   |        | Prior Amount                 | Amt. Incurred this Period         |  |
| Street Address  |             |                   |                                   |        |                              | Outstanding Balance               |  |
| City  | State       | Zip Code          | <b>Loans Received This Period</b> |        | <b>Payments This Period</b>  |                                   |  |
| Date Loan was Originally Incurred (MM/DD/YYYY)  |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (MM/DD/YYYY) | Amount                            |  |
| Registration Number, if PAC   |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (MM/DD/YYYY) | Amount                            |  |
| Employer/Occupation/Labor Organization*   |             |                   | Date of Loan (MM/DD/YYYY)         | Amount | Date of Payment (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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 7,600

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 7,600.00 (also record on Form 30-A)

## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

|   |       |                              |                             |  |
|---|-------|------------------------------|-----------------------------|--|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |       |                              |                             |  |
| To Whom Owed  |       | Prior Amount                 | Amount Incurred this Period |  |
| Street Address  |       | Item or Purpose of Debt      | Outstanding Balance         |  |
| City  | State | Zip Code                     | <b>Payments This Period</b> |  |
| Date Debt was Originally Incurred (MM/DD/YYYY)  |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |
| Registration Number, if PAC   |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |
| To Whom Owed  |       | Prior Amount                 | Amount Incurred this Period |  |
| Street Address  |       | Item or Purpose of Debt      | Outstanding Balance         |  |
| City  | State | Zip Code                     | <b>Payments This Period</b> |  |
| Date Debt was Originally Incurred (MM/DD/YYYY)  |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |
| Registration Number, if PAC   |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                      |  |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)



# Statement of Loans Made

Form 31-K  
R.C. 3517.10

|   |       |                              |                                      |  |
|---|-------|------------------------------|--------------------------------------|--|
| <b>Full Name of Committee</b><br>The Committee to Elect Aaron E. Haslam Adams County Prosecutor |       |                              |                                      |  |
| To Whom Made  |       | Prior Amount                 | Amount Loaned this Period            |  |
| Street Address  |       |                              | Outstanding Balance                  |  |
| City  | State | Zip Code                     | <b>Payments Received This Period</b> |  |
|   |       |                              |                                      |  |
| Date Loan Was Originally Made (MM/DD/YYYY)  |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |
| To Whom Made  |       | Prior Amount                 | Amount Loaned this Period            |  |
| Street Address  |       |                              | Outstanding Balance                  |  |
| City  | State | Zip Code                     | <b>Payments Received This Period</b> |  |
|   |       |                              |                                      |  |
| Date Loan Was Originally Made (MM/DD/YYYY)  |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |
|   |       | Date of Payment (MM/DD/YYYY) | Amount                               |  |
|   |       |                              |                                      |  |

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

Total Loans This Period \$ 0.00 (also record on Form 31-B)

Page Outstanding Balance \$ 0.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also record on Forms 31-A-2)

# Independent Expenditures Made by a Campaign Committee, PAC, Political Party or Legislative Campaign Fund

Form 31-U  
R.C. 3517.105

## Full Name of Committee

The Committee to Elect Aaron E. Haslam Adams County Prosecutor

|                           |  |                             |
|---------------------------|--|-----------------------------|
| Candidate or Ballot Issue | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | If Candidate, Office Sought |
|---------------------------|--|-----------------------------|

|              |
|--------------|
| To Whom Paid |
|--------------|

|                |         |                   |        |
|----------------|---------|-------------------|--------|
| Street Address | Purpose | Date (MM/DD/YYYY) | Amount |
|----------------|---------|-------------------|--------|

|      |             |          |  |
|------|-------------|----------|--|
| City | State<br>OH | Zip Code |  |
|------|-------------|----------|--|

|                           |  |                             |
|---------------------------|--|-----------------------------|
| Candidate or Ballot Issue | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | If Candidate, Office Sought |
|---------------------------|--|-----------------------------|

|              |
|--------------|
| To Whom Paid |
|--------------|

|                |         |                   |        |
|----------------|---------|-------------------|--------|
| Street Address | Purpose | Date (MM/DD/YYYY) | Amount |
|----------------|---------|-------------------|--------|

|      |             |          |  |
|------|-------------|----------|--|
| City | State<br>OH | Zip Code |  |
|------|-------------|----------|--|

|                           |  |                             |
|---------------------------|--|-----------------------------|
| Candidate or Ballot Issue | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | If Candidate, Office Sought |
|---------------------------|--|-----------------------------|

|              |
|--------------|
| To Whom Paid |
|--------------|

|                |         |                   |        |
|----------------|---------|-------------------|--------|
| Street Address | Purpose | Date (MM/DD/YYYY) | Amount |
|----------------|---------|-------------------|--------|

|      |             |          |  |
|------|-------------|----------|--|
| City | State<br>OH | Zip Code |  |
|------|-------------|----------|--|

|                           |  |                             |
|---------------------------|--|-----------------------------|
| Candidate or Ballot Issue | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | If Candidate, Office Sought |
|---------------------------|--|-----------------------------|

|              |
|--------------|
| To Whom Paid |
|--------------|

|                |         |                   |        |
|----------------|---------|-------------------|--------|
| Street Address | Purpose | Date (MM/DD/YYYY) | Amount |
|----------------|---------|-------------------|--------|

|      |             |          |  |
|------|-------------|----------|--|
| City | State<br>OH | Zip Code |  |
|------|-------------|----------|--|