

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name The Committee to Elect Aaron E. Haslam Adams County Prosecutor			Office Sough County Pro		or		District	
Street Address 515 E. Mulberry St., Ap			n	State Zip OH 45693				
Candidate Name OR PAC Registration Number Treasurer Name Aaron E. Haslam Aaron E. Haslan					Election Date	(MM/DD/Y	YYY)	
Type of Report (cho	oose one):	✓ 区 Post-P	rimary 🗌 Pr	e-General [] Po	ost-General		
Statewide Candidate July Monthly		eptember Mon	thly				Year	
			s box if the co	mmit		ıs.		
1. Amount broug	ht forward from last report			\$18.50				
2. Total monetary contributions (From Forms 31-A and 31-E			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			. \$	il
5. Total monetary expenditures (From Forms 31-B and 31-F)			F)	\$0.00			10.	0
6. Balance on hand (line 4 minus line 5)				\$18.50			c).	
7. Value of in-kind contributions received (From Form 31-J			J-1)	\$0.00				
8. Value of in-kine	d contributions made (From	n Form 31-J-2)		\$0.00				
9. Outstanding lo	ans owed by committee (F	rom Form 31-0	C)	\$100	.00			
10. Outstanding debts owed by committee (From Form 31-N			-N)	\$0.	00	TU.		
11. Outstanding loans owed to committee (From Form 31-K)			K)	\$0.00				
12. Value of independent expenditures made (From Form 31			31-U)	\$0.	00			
	T IS MADE UNDER PENALT				FIFT	I DEGREE.		
Dr.	E. Haslan			04	/25/20	024		13
Signature of Treasurer or	Deputy Treasurer			Da	te (MM	/DD/YYYY)		
Contribution Pages	Expenditure Pages 0	Other 0	Pages	Total Pages		Last	Updated	09/20



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name			Office Sought County Prosecutor			District 01
The Committee To Elect Aaron E. Haslam Adams						
Street Address City 515 E. Mulberry St. Apt. A West Union		n	State Zip OH 45693			
Candidate Name OR PAC Registration Number	Treasurer Name		Election Date (MM/D			
Aaron E. Haslam	Aaron E. Hasla	am			11/05/2024	
Type of Report (choose one):						
Annual Semiannual Pre-Prim	nary Post-Pr	rimary 🛛 Pre	e-General	Post	t-General	
Statewide Candidates Only:						Year
July Monthly August Monthly	September Mont	thly				2024
Amended Report Termination		Short Form R	eport (R.C. 3	517.10)(H))	
No ☐ Yes ☐ Check this box if the wishes to terminate			box if the co report. See a		e is filing a d instructions.	
1. Amount brought forward from last rep	ort		\$18.50			
2. Total monetary contributions (From Fo	E)	\$0.00				
3. Total other income (From Form 31-A-2)		\$7,500				
4. Total funds available (sum of lines 1, 2,		\$7,518.50				
5. Total monetary expenditures (From Fo	rms 31-B and 31-l	F)	\$5848.45			
6. Balance on hand (line 4 minus line 5)			\$1,679.05			070.05
7. Value of in-kind contributions received	d (From Form 31-	J-1)	\$875.00			
8. Value of in-kind contributions made (F	rom Form 31-J-2)		\$0.00			24
9. Outstanding loans owed by committee	e (From Form 31-0	C)	\$7,600.00			11.20 0
10. Outstanding debts owed by committee	-N)	0.00				
11. Outstanding loans owed to committee	K)	0.00				
12. Value of independent expenditures n	31-U)	0.0	0			
THIS STATEMENT IS MADE UNDER PEN WHOEVER COMMITS ELECTION FALSIF	ALTY OF ELECT	ION FALSIFICA	ATION. NY OF THE I	IFTH	DEGREE.	
h = 5 Hanle		-	10,	24/202	4	
Signature of Treasurer or Deputy Treasurer			Dat	e (MM/D	DD/YYYY)	
Contribution Pages Expenditure Pages	Other	Pages	Total Pages			
2 4	18		24		Last Up	odated 09/20





Statement of Contributions Received

orm 31.A

ORC 3517.10

Full Name of Committee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	**************************************	
Full Name of Contributor	***************************************	1944-19	**************************************	Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor	400000014E000014W174		***************************************	Registration Numb	er, If PAC
Street Address	Employer	Occupation/Labor Org	ganization*		Farm (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page	Total	0.00



Event Date	Page 1
TOTAL	

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 PA	AC
Street Address	Employer/Occup	ation/Labor Organization	on* Date (MM/DD/YYYY)	Amount
Dity	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor	<u> </u>	1	Registration Number, if PA	AC
Street Address	Employer/Occup	ation/Labor Organization	on* Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PA	AC
Street Address	Employer/Occup	ation/Labor Organization	on* Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PA	AC
Street Address	Employer/Occup	ation/Labor Organizati	on* Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PA	AC
Street Address	Employer/Occup	ation/Labor Organizati	on* Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Required for contributions from individuals over ame of the individual's business, if any, rather to ggregate of \$100, the labor organization of which	r \$100 to statewide and 0 han employer should be th the employees are me	General Assembly cand listed. If two or more e	mployees contribute via payroll	deduction and exceed the
rill in the boxes below only on the last page for to ransfer the Total contributions for this event to be event in the date column	form No. 31-A. Under Fu		state "Contributions from form	No. 31-E" and list the date of the
Total Contributions This Event	Total Expenditu	res This Event	Page Tota	al \$_0.00



Page ____

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee	***************************************	TELY AND			
The Committee to Elect Aaron E. Haslam Adams Co	ounty Prosecutor				
Full Name of Contributor	······································	979:50:50:51:50:56:56:56:56:56:56:56:56:56	Registration Number, if PAC		
Aaron E. Haslam					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
515 E. Mulberry St., Apt. A	Loan Payments Received		07/12/2024	Check	
City	State	Zip Code	DESPENDAÇÃO DE COMENCION DE COMENCION DE SERVICION DE SER	Amount	
West Union	он	45693		\$5,000	
Full Name of Contributor		1	Registration Number	or, if PAC	
Aaorn E. Halsam					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
515 E. Mulberry St., Apt. A	Loan Payments Received		09/16/2024	Check	
City	State	Zip Code	***************************************	Amount	
West Union	он	45693		\$2,500	
Full Name of Contributor	<u></u>	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Number	er, if PAC	
Street Address	Туре*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code	!:::::::::::::::::::::::::::::::::::::	Arnount	
	OH				
Full Name of Contributor		····	Registration Number	er, if PAC	
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code	essacione constantina de la constantina	Amount	
	ОН				
Full Name of Contributor	<u></u>		Registration Numbe	or, If PAC	
Street Address	Туре*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code	**************************************	Amount	
	ОН				

	,
	Total \$ \$7,500 V
Page 1	Total \$ 41,000
	, (vid) 4

^{*} 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.





Form 31-B

Full Name of Committee							
The Committee to Elect Aaron E. Haslam Adam	s County Prosecutor						
To Whom Paid		Date (MM/DD/Y	YYY)	Amount			
Adams County Agricultural Society			07/10/24	235.00 🗸			
Street Address	Purpose	Purpose					
	Campai	gn Advertising					
City	State	State Zip Code Check Number					
West Union	он	OH 45693 1002					
To Whom Paid	Harawinatan	Date (MM/DD/Y	YYY)	Amount			
Adams County Agricultural Society			07/13/24	\$2,959.45			
Street Address Purpose							
	Campai	gn Advertising					
City	State	Zip Code	Che	ck Number			
West Union	ОН	45693	100	03			
To Whom Paid		Date (MM/DD/Y	YYY)	Amount			
Seaman Fall Festival			07/25/24	\$50.00			
Street Address	Purpose						
	Campai	gn Advertising					
City	State	Zip Code	Che	ck Number			
Seaman	ОН	45679	103	21			
To Whom Paid		Date (MM/DD/YYYY)		Amount			
Winchester Homecoming Festival		08/14/24 \$100.00 🗸					
Street Address	Purpose	ose					
	Campai	gn Advertising					
City	State	Zip Code	Che	ck Number			
Winchester	он	45697	103	22			
To Whom Paid	anamanananan ki	Date (MM/DD/Y	YYY)	Amount			
Southern Ohio Creations LLC			08/21/24	\$424.00			
Street Address	Purpose	Purpose					
	Campaign t-shirts						
City	State	Zip Code	Che	ck Number			
Seaman	ОН	45679	10:	23			

	2700 45	1	
Page Total \$	3768,45	v	





Form 31-B

Full Name of Committee	**************************************	************	(1) 	HENGSHAME	
The Committee to Elect Aaron E. Haslam Adams County Pro-	secutor				٠.
To Whom Paid	······································		Date (MM/DD/YYYY)		Amount /
Chris Moore		l	08/25/24 \$125.00		\$125.00 V
Street Address	Purpose	h			
	Campaign S	Signs	3		
City	State	Zip C	Code	Che	eck Number
Winchester	ОН	456	97	102	24
To Whom Pald		T	Date (MM/DD/YYYY)	MANUASIN	Amount
Hawkins for Ohio			08/26/	24	\$500.00
Street Address	Purpose			************	I
	Campaign [Dona	ation		
City	State	Zip C	Code	Che	ock Number
	ОН			102	25
To Whom Paid		Ī	Date (MM/DD/YYYY)		Amount /
Bentonville Harvest Festival			08/27/	24	\$100 V
Street Address	Purpose		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
	Campaign A	۱dve	rtising		
City	State	Zip C	Code	Che	ock Number
Bentonville	ОН	451	05	102	26
To Whom Paid		<u>-</u>	Date (MM/DD/YYYY)	****	Amount
Bentonville Harvest Festival			09/07/20	24	\$250.00 V
Street Address	Purpose			·······································	
	Campaign A	Adve	rtising		
City	State	Zip C	Code	Che	ock Number
Bentonville	он	451	05	102	27
To Whom Paid	<u></u>		Date (MM/DD/YYYY)	********	Amount /
Skinny Fest Productions			09/11/	24	\$450 v
Street Address	Purpose		······································	,	
	Campaign Adverstising				
City	State	Zip (Code	Che	ock Number
West Union	OH	456	93	10:	28

······································	
Page Total \$	1,425.00





Form 31-B

Full Name of Committee	Adam Carati Danas dan						
The Committee to Elect Aaron E. Haslan To Whom Paid	m Adams County Prosecutor	Date (MM/DD/Y	(YYY) Amount				
Side Effects Graphics		Date (MM/OD/)	09/15/24 \$100.00 🗸				
Street Address	Purpose	Purpose					
	Campaig	gn Signs					
City	State	Zip Code	Check Number				
West Union	ОН	45693	1029				
To Whom Paid		Date (MM/DD/Y	YYY) Amount				
Southern Ohio Creations LLC			09/16/24 \$90.00				
Street Address	Purpose		A A A A A A A A A A A A A A A A A A A				
	Campaign t-shirts						
City	State	Zip Code	Check Number				
Seaman	ОН	45679	1030				
To Whom Paid		Date (MM/DD/Y	YYYY) Amount /				
Seaman Fall Festival			09/19/24 \$465.00				
Street Address	Purpose	Purpose					
	Campaig	Campaign Advertising					
City	State	Zip Code	Check Number				
Seaman	ОН	45679	1031				
To Whom Paid		Date (MM/DD/Y	YYYY) Amount				
	In						
Street Address	Purpose						
City	State	Zip Code	Check Number				
	ОН						
To Whom Paid		Date (MM/DD/Y	YYYY) Amount				
Street Address	Purpose						
City	State	Zip Code	Check Number				
	ОН						

Page Total \$	



		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	***************************************	Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

	1684821127050874181818387358 84 481537	TA MERINANDAN MENENDAN MENENDA	PRODUCTION COMMON CONTROL CONT	**************************************
Full Name of Committee				
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose		***************************************	neen de verste vers
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose)	***************************************	
City	State	Zip Code	Check Number	1. 18 m 12 19 (B. B.)
To Whom Paid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		***************************************	
City	State	Zip Code	Check Number	
To Whom Paid	**************************************	x . k	Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date (MM/DD/YYYY)	Amount
Street Address	Purpose			**************************************
City	State	Zip Code	Check Number	
	A STATE OF THE PARTY OF THE PAR	nest and the state of the state		0.00-0.

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 \$	
Page Total \$	~***





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee	on E. Harley Adams (`					
The Committee to Elect Aar	ron E. Hasiam Adams C	Jounty P		pation, Labor Organization*	Registration Number,	if PAC	
Dottie Latham			Self-Employ				
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY)		
	Signs		T		09/30/24	\$375.00	
City Winchester	Stat		Zip Code 45697	Received at Fundraisi Yes No	ng Event?		
Full Name of Contributor Dottie Latham			Employer, Occu Self-Employer	pation, Labor Organization* ed	Registration Number,	if PAC	
Street Address	Description of t-shirts	of Item or \$	Service		Date (MM/DD/YYYY) Fair Mar 08/21/24 \$500		
City Winchester	State	•	Zip Code 45697	Received at Fundraisi ☐ Yes ☑ No	ig Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC				
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State	e	Zip Code	Received at Fundraisi	sing Event?		
Winchester	ОН	-		Yes No			
Full Name of Contributor			Employer, Occu Investigator	pation, Labor Organization*	ation, Labor Organization* Registration Number, if PAC		
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	Stat	e •	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor			Employer, Occu	pation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of	of Item or :	I Service		Date (MM/DD/YYYY)	Fair Market Value	
City	Stat	e •	Zip Code	Received at Fundraisi	ing Event?		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

	7	
	875.00	
Page Total \$	070.00	





In-Kind Contributions Made

Form 31-J-2 R.C. 3517.10

Full Name of Committee						
Recipient Committee	***************************************	***************************************				e de la companya de l
Street Address	Description of It	em or Ser	vice	A CONTROL OF THE CONT	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code			
Recipient Committee						
Street Address	Description of Item or Service				Date (MM/DD/YYYY)	Fair Market Value
City	****	State OH	Zip Code			
Reciplent Committee						
Street Address	Description of It	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code			
Recipient Committee	•					
Street Address	Description of It	<i>y</i> ^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code			
Recipient Committee	10.11.46	D. W. (A. W.) D. (200)	Egir Market Value			
Street Address	Description of It				Date (MM/DD/YYYY)	Fair Market Value
Clly		State OH	Zip Code			

Page Total \$ 0.00



Page 1

Statement of Loans Received

orm 31-C

rom Whom Received					Prior Amount	Amt. Incurred this Period	
Aaron E. Haslam					\$100	\$7,500	
Street Address					The state of the sale	Outstanding Balance	
515 E. Muilberry St., A	Apt. A					\$7,600 /	
City		Zip Code	Loans Received T	his Period	Payments This Period		
West Union		45693	2.1000 (2000) 200				
Dale Loan was Ori	iginally Incurred (M	M/DD/YYYY) 11/03/23	Date of Loan (MM/DD/YYYY) 07/12/2024	Amount 5000	Date of Payment (MM	M/DD/YYYY) Amount	
Registration Number, if PAG	C		Date of Loan (MM/DD/YYYY) 09/16/24	Amount 2500	Date of Payment (MM	M/DD/YYYY) Amount	
mployer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Adams County Attorn	ey/Candidate						
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address					arti Grandania	Outstanding Balance	
City		Zip Code	Loans Received T	his Period	Payme	nts This Period	
	-						
Date Loan was On	riginally Incurred (M	IM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MI	M/DD/YYYY) Amount	
Registration Number, if PA	C		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MI	M/DD/YYYY) Amount	
Employer/Occupation/Labo	r Organization*		Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MI	M/DD/YYYY) Amount	
		or \$100 to statew	ide and general assembly can	didates. If contrib	outor is self-employed	, the occupation and the	
ggregate of \$100, the labo	siness, if any, rathe or organization of wi Forgiven" in the "Ou	r than employer sl hich the employee ststanding Balance	nould be listed. If two or more as are members, if any, must a e" space. Transfer total of all lo ariod to the Statement of Expe	ilso appear. [R.C eans received this	3517.10(B)(4)] s period to the Statem	ent of Other Income	
ame of the individual's bus ggregate of \$100, the labo	siness, if any, rathe or organization of wi Forgiven" in the "Ou r total of all paymer	r than employer sl hich the employee ststanding Balance	hould be listed. If two or more as are members, if any, must a se" space. Transfer total of all lo	ilso appear. [R.C eans received this	3517.10(B)(4)] s period to the Statem	ent of Other Income	
ame of the individual's bus ggregate of \$100, the labo a loan is forgiven, write "F Form No. 31-A-2). Transfer over page (Form No. 30-A	siness, if any, rathe or organization of wi Forgiven" in the "Ou r total of all paymen A).	r than employer sl hich the employee ststanding Balance	hould be listed. If two or more as are members, if any, must a se" space. Transfer total of all lo	ilso appear. [R.C eans received this	3517.10(B)(4)] s period to the Statem	ent of Other Income	
ame of the individual's bus ggregate of \$100, the labo a loan is forgiven, write "F form No. 31-A-2). Transfer over page (Form No. 30-A	siness, if any, rathe or organization of wine organization of wine organization of wine organization of all paymers. 100.00	r than employer sl hich the employee ststanding Balance	nould be listed. If two or more is are members, if any, must a space. Transfer total of all loariod to the Statement of Expe	ilso appear. [R.C eans received this	. 3517.10(B)(4)] s period to the Statem o. 31-B). Transfer Ou	ent of Other Income	
ame of the individual's bus ggregate of \$100, the labo a loan is forgiven, write "F Form No. 31-A-2). Transfel	siness, if any, rathe or organization of wif- forgiven" in the "Our total of all payments). 100.00 Period \$ 7,500	r than employer si hich the employee itstanding Balance nts made in this pe	nould be listed. If two or more as are members, if any, must a space. Transfer total of all lo ariod to the Statement of Expe	also appear, [R.C eans received this nditures (Form N	. 3517.10(B)(4)] s period to the Statem o. 31-B). Transfer Ou	ent of Other Income	





Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee	KI SIK BISH SIK	AMBONING STR. CHANGE COLONI DANIANCE SAGENCES (CONTES AND LOS SIGNALS AND ACTUAL AND ACT	Constitution was	**************************************		
To Whom Owed		Prior Amount	Amou	Amount Incurred this Period		
Street Address	·	Item or Purpose of Debt	Outst	anding Balance		
City	State Zip Code	Paym	Payments This Period			
) Date	e Debt was Originally Incurred (MM/DD	D/YYYY) Date of Payment (MM/DI	D/YYYY)	Amount		
Registration Number, if PAC	((1911-1911-1911-1911-1911-1911-1911-19	Date of Payment (MM/DI	D/YYYY)	Amount		
		Date of Payment (MM/DI	D/YYYY)	Amount		
To Whom Owed		Prior Amount	Amou	int Incurred this Period		
Street Address		Item or Purpose of Debt	Outst	anding Balance		
City	State Zip Code	Paym	Payments This Period			
. ≯ Date	Debt was Originally Incurred (MM/DC	DYYYY) Date of Payment (MM/DI	D/YYYY)	Amount		
Registration Number, if PAC		Date of Payment (MM/DI	D/YYYY)	Amount		
		Date of Payment (MM/DD	D/YYYY)	Amount		
if a debt is forgiven, write "Forgiven" in the "Outst (Form No. 31-B). Total amount forgiven should be cover page.	anding Balance" column. Transfer tota e included in the In-Kind Contributions	l of all payments made in this perlo Received (Form No. 31-J-1). Trans	d to the St fer total ou	atement of Expenditures utstanding debt amount to (
Total Payments This Period \$ 0.00	(al	so record on Form 31-B)				
Total Outstanding Balance \$ 0.00	(al	so record on cover page)				





Page Outstanding Balance \$ 0.00

Total Payments Received this Period \$ 0.00

Statement of Loans Made

Form 31-K R.C. 3517.10

To Whom Made			Prior Amount	Prior Amount Loaned	
Street Address				Outsta	nding Balance
City	State Zip Code			s Received	d This Period
Da	ate Loan Was Originally N	.L Made (MM/DD/YY	(MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
To Whom Made			Prior Amount	Amour	nt Loaned this Period
Street Address	3714-041			Outsta	nding Balance
City	State	Zip Code	Payment	s Received	d This Period
Da Tarangan	ate Loan Was Originally M	Made (MM/DD/YY	YY) Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
		医温度性		-	
If a loan is forgiven, write "Forgiven" in the "Outsta (Form No. 31-B). Transfer total of all payments re the cover page.	anding Balance" space. T sceived in this period to the	Fransfer total of al ne Statement of C	l loans made this period to to ther Income (Form No. 31-A	ne Statement (-2). Transfer	of Expenditures Fotal Outstanding Ba

(also record on cover page)

(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				440-40-417-44-41	***************************************			POR ANNE
Candidate or Ballot Issue			Support Dppose		oose	If Candidate, Office Sought		
To Whom Paid		t						
Street Address	Purpose				Date (MN	M/DD/YYYY)	Amount	
City		State OH	Zip Code					
Candidate or Ballot Issue			Support	[] Орј	ose	If Candidate, Office	Sought	
To Whom Paid								
Street Address	Purpose				Date (MN	M/DD/YYYY)	Amount	
City		State OH	Zip Code				A STATE OF	
Candidate or Ballot Issue] Support	□ Орј	ose	If Candidate, Office	Sought	
To Whom Paid								
Street Address	Purpose				Date (MN	A/DD/YYYY)	Amount	
City		State OH	Zip Code					
Candidate or Ballot Issue			Support	[] Орј	oose	If Candidate, Office	Sought	
To Whom Paid								
Street Address	Purpose	·		*******************	Date (MI	A/DD/YYYY)	Amount	
City		State OH	Zip Code					

Page Total \$ 0.00



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name The Committee To Elect Aaron E. Haslam Adam	s County Prosecutor		Office Sought County Prosec	utor	District 01	
Street Address 515 E. Mulberry St. Apt. A West Union			State OH			
Candidate Name OR PAC Registration Number Aaron E. Haslam	Treasurer Name			Election Date (MM/DD/YYYY 11/05/2024		
Type of Report (choose one): ☐ Annual ☐ Semiannual ☐ Pre-Pr	imary Post-P	rimary 🗵 P	re-General 🗌	Post-General		
Statewide Candidates Only: July Monthly	September Mon	thly			Year 2024	
Amended Report Termination No Yes Check this box if wishes to termination	the committee ate with this report	_ Check th	Report (R.C. 35 is box if the com m report. See att	mittee is filing	a ons.	
1. Amount brought forward from last re	eport		\$18.50			
2. Total monetary contributions (From Forms 31-A and 31-E)		-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)		-F)	\$5848.45			
6. Balance on hand (line 4 minus line 5)			\$1,679.05		\$1670.05	
7. Value of in-kind contributions received	ved (From Form 31-	-J-1)	\$875.0			
8. Value of in-kind contributions made	(From Form 31-J-2	2)	\$0.00	11.20 24		
9. Outstanding loans owed by commit	tee (From Form 31-	-C)	\$7,600.00			
10. Outstanding debts owed by comm	ittee (From Form 3	1-N)	0.00			
11. Outstanding loans owed to committee (From Form 31-K)		I-K)	0.00			
12. Value of independent expenditures	s made (From Form	1 31-U)	0.00			
THIS STATEMENT IS MADE UNDER P WHOEVER COMMITS ELECTION FALS	ENALTY OF ELEC SIFICATION IS GUI	TION FALSIFI	10/2	24/2024		
Signature of Treasurer or Deputy Treasurer Contribution Pages Expenditure Pa 2 4	ges Othe	er Pages	Total Pages 24		ast Updated 09/	





Statement of Contributions Received

Form 31.

ORC 3517.10

Full Name of Committee					
Full Name of Contributor	***************************************			Registration N	lumber, if PAC
Street Address	Employer	-/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	DAYYY)	Amount
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	D/YYYY)	Amount
Full Name of Contributor		l		Registration N	lumber, if PAC
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	O(YYYY)	Amount
Full Name of Contributor				Registration N	Number, if PAC
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor		<u> </u>		Registration N	Number, if PAC
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total	0.00	



Event Date	Page 1
74 - 1 - 1	

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

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

		Registration Number, if PAC	
Employer/Occupa	tion/Labor Organization	on* Date (MM/DD/YYYY)	Amount
State	Zip Code	Form (Cash, Check, Etc	(M) M
		Registration Number, if PA	0.
Employer/Occupa	tion/Labor Organizati	on* Date (MM/DD/YYYY)	Amount
State	Zip Code	Form (Cash, Check, Etc	M
		Registration Number, If PA	С
Employer/Occupa	ition/Labor Organizat	ion* Date (MM/DD/YYYY)	Amount
State	Zip Code	Form (Cash, Check, Etc	
		Registration Number, if PA	
Employer/Occupa	ation/Labor Organizat	ion* Date (MM/DD/YYYY)	Amount
State	Zip Code	Form (Cash, Check, Etc	The Est
		Registration Number, if PA	AC .
Employer/Occup	ation/Labor Organiza	tion* Date (MM/DD/YYYY)	Amount
State	Zip Code	Form (Cash, Check, Etc	F- 4 - 3
	Employer/Occupa State Employer/Occupa State Employer/Occupa State State State State State State	Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code	Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Registration Number, if PA Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) State Zip Code Form (Cash, Check, Etc Registration Number, if PA Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)

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

Required for contributions from individuals over \$100 to statewide 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)]



Pagé ____

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee		· · · · · · · · · · · · · · · · · · ·		
The Committee to Elect Aaron E. Haslam Adams Co	ounty Prosecutor			
Full Name of Contributor			Registration Numbe	er, if PAC
Aaron E. Haslam				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
515 E. Mulberry St., Apt. A	Loan Payments Received		07/12/2024	Check
City	State	Zip Code		Amount
West Union	ОН	45693		\$5,000
Full Name of Contributor			Registration Number	er, if PAC
Aaorn E. Halsam				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
515 E, Mulberry St., Apt. A	Loan Payments Received		09/16/2024	Check
City	State	Zip Code		Amount
West Union	он	45693		\$2,500 🗡
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Туре*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,
Page Total \$ \$7,500 V	•
= \$7.500°	
Page Total \$ ''	
<u> </u>	

^{*} 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.





Form 31-B

R.C. 3517.10

County Prosecutor				
	Date (MM/DD/Y		ount	
		07/10/24 235.00 🗸		
Purpose				
Campaig	gn Advertising			
State	Zip Code	Check N	umber	
ОН	45693	1002		
	Date (MM/DD/Y	YYY) Am	ount	
		07/13/24 \$2	,959.45	
Purpose				
Campai	gn Advertising			
State	Zip Code	Check N	lumber	
ОН	45693	1003		
	Date (MM/DD/Y	Date (MM/DD/YYYY) Amount		
		and the second second	0.00 /	
Purpose	1			
Campai	gn Advertising			
State			Check Number	
ОН	45679	1021		
	Date (MM/DD/Y	YYY) Am	ount ,	
		08/14/24 \$100.00		
Purpose				
Campai	gn Advertising			
State	Zip Code	Check N	Number	
он	45697	1022		
	Date (MM/DD/)	(YYY) Am	ount	
To Whom Paid Southern Ohio Creations LLC			24.00	
Purpose				
Campaign t-shirts				
State	Zip Code	Check I	Number	
	Purpose Campai State OH Purpose Campai State OH Purpose Campai State OH Purpose Campai State OH Purpose Campai	Purpose Campaign Advertising State Zip Code OH 45693 Purpose Campaign Advertising State Zip Code OH 45693 Date (MM/DD/Y Purpose Campaign Advertising State Zip Code OH 45693 Purpose Campaign Advertising State Zip Code OH 45679 Date (MM/DD/Y Purpose Campaign Advertising State Zip Code OH 45697 Date (MM/DD/Y Date (MM/DD/Y	Date (MM/DD/YYYY)	

Page Total \$ 3768.45 V





Form 31-B

Full Name of Committee					
The Committee to Elect Aaron E. Haslam Adams County Pros	secutor				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Chris Moore			08/25/	/24	\$125.00 V
Street Address	Purpose	لنبيسب			
	Campaign S	Sign	is		
City	State	Zip (Code	Che	ck Number
Winchester	он	456	697	102	24
To Whom Paid			Date (MM/DD/YYYY)		Amount
Hawkins for Ohio		ļ	08/26/	/24	\$500.00
Street Address	Purpose				
	Campaign [Ona	ation	_	
City	State	Zip	Code	Che	eck Number
	ОН			102	25
To Whom Paid			Date (MM/DD/YYYY)		Amount /
Bentonville Harvest Festival			08/27/	/24	\$100 V
Street Address	Purpose			امتسبب	
	Campaign A	∖dv∈	ertising	_	
City	State	Zip	Code		eck Number
Bentonville	ОН	45°	105	102	26
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)		Amount
Bentonville Harvest Festival			09/07/20)24	\$250.00 V
Street Address	Purpose				
	Campaign A	\dv∈	ertising		
City	State	Zip	Code	Che	eck Number
Bentonville	ОН	45°	105	102	27
To Whom Paid			Date (MM/DD/YYYY)		Amount
Skinny Fest Productions		_	09/11/	/24	\$450
Street Address	Purpose				
	Campaign A	\dve	erstising		
City	State	Zip	Code	ŀ	eck Number
West Union	ОН	450	693	102	28

Page Total \$ 1,425.00	
· · · · · · · · · · · · · · · · ·	





Form 31-B

R.C. 3517.10

Full Name of Committee The Committee to Elect Aaron E. Haslan	n Adams County Prosecutor						
To Whom Paid		Date (MM/DD/Y	YYY) Amount				
Side Effects Graphics			09/15/24 \$100.00 🗸				
Street Address	Purpose						
	Campaig	n Signs					
City	State	Zip Code	Check Number				
West Union	ОН	45693	1029				
To Whom Paid		Date (MM/DD/)	(YYY) Amount				
Southern Ohio Creations LLC			09/16/24 \$90.00 🗸				
Street Address	Purpose						
30221 921-11	Campaig	gn t-shirts					
City	State	Zip Code	Check Number				
Seaman	ОН	45679	1030				
To Whom Paid		Date (MM/DD/YYYY) Amount /					
Seaman Fall Festival			09/19/24 \$465.00				
Street Address	Purpose						
	Campaig	Campaign Advertising					
City	State	State Zip Code Cl					
Seaman	ОН	45679	1031				
To Whom Paid		Date (MM/DD/	YYYY) Amount				
Street Address	Purpose	1					
City	State	Zip Code	Check Number				
	ОН						
To Whom Paid	Date (MM/DD/	YYYY) Amount					
		-1					
Street Address	Purpose		Line				
City	State	Zip Code	Check Number				
	ОН						

Page Total \$ \$655.00



Date	 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose	I	
City	State 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.

2.22	
Page Total \$ 0.00	
Page Total \$ """	
r ago rotarφ	





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee The Committee to Elect Aaro	n E. Haslam Ada	ıms Cour	nty Pr	rosecutor				
Full Name of Contributor				Employer, Occup	pation, Labor Organization	Registration Number, i	FPAC .	
Dottie Latham				Self-Employe	30			
Street Address	Description of Item or Service Signs					Date (MM/DD/YYYY) 09/30/24	Fair Market Value \$375.00	
City		State		Zip Code	Received at Fundrais	sing Event?		
Winchester		он	•	45697	☐ Yes ☑ No			
Full Name of Contributor				Employer, Occup	pation, Labor Organization	Registration Number,	f PAC	
Dottie Latham				Self-Employe	ed			
Street Address	Descr t-shi	iption of Ite	m or S	Service		Date (MM/DD/YYYY) 08/21/24	Fair Market Value \$500	
O't-	11000	State	_	Zip Code	Received at Fundrals	sing Event?		
Jan. F			-	45697	☐ Yes ⊠ No			
Winchester		Ort	134	A. A		* Registration Number,	up.c	
Full Name of Contributor				Employer, Occa	pation, Labor Organization	(Adglatical Hamber)		
Street Address	Descr	iption of Ite	m or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	-	Zip Code	Received at Fundral	sing Event?		
Winchester		ОН	-		☐ Yes 🗵 No	7		
Full Name of Contributor				Employer, Occu Investigator	pation, Labor Organization	* Registration Number,	if PAC	
Street Address	Desc	ription of Ite	em or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State		Zip Code	Received at Fundral	aising Event?		
			+		☐ Yes ☒ No			
Full Name of Contributor		1		Employer, Occu	upation, Labor Organization	n* Registration Number,	if PAC	
	Desc	ription of Ite	em or	Service		Date (MM/DD/YYYY)	Fair Market Valu	
Street Address	1555						1	

	./	
	875.00	
Page Tota	875.00 ×	

^{*} 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)]





In-Kind Contributions Made

Form 31-J-2 R.C. 3517.10

Full Name of Committee					
Recipient Committee					
Street Address	Description of Ite	m or Sei	rvice	 Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite	em or Ser	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee	`				
Street Address	Description of ite	m or Ser	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite	em or Ser	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite			Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		

Page Total \$ 0.00





Statement of Loans Received

Form 31-C

rom Whom Received			ounty Prosecutor		Prior Amount	Amt, Incurred this Period
Aaron E. Haslam			\$100 /	\$7,500		
Street Address			477.	Outstanding Balance		
15 E. Muilberry St.,	Apt. A				111	\$7,600 /
ity Vest Union	State OH 🕶	Zip Code 45693	Loans Received T	nis Period	Payme	nts This Period
Date Loan was Or	iginally Incurred (MM/DD/YYYY) 11/03/23	Date of Loan (MM/DD/YYYY) 07/12/2024	Amount 5000	Date of Payment (Mi	M/DD/YYYY) Amount
Registration Number, if PA	С		Date of Loan (MM/DD/YYYY) 09/16/24	Amount 2500	Date of Payment (MI	M/DD/YYYY) Amount
mployer/Occupation/Labo			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY) Amount
rom Whom Received	o ji o a ii o ii o ii o ii o ii o ii o i				Prior Amount	Amt, Incurred this Period
Street Address						Outstanding Balance
City	State	Zip Code	Loans Received T	his Period	Payme	nts This Period
Date Loan was Or	riginally Incurred ((MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY) Amount
Registration Number, if PA	C		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYY) Amount
Employer/Occupation/Labo	or Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYY) Amount
name of the individual's bu	siness, if any, ration of contraction of	which the employers which the employe	vide and general assembly car should be listed. If two or more es are members, if any, must a e" space. Transfer total of all le period to the Statement of Expe	also appear. [R.C	C. 3517.10(B)(4)]	nent of Other Income
Form No. 31-A-2). Transfe Cover page (Form No. 30-		nents made in this p	eriod to the Statement of Expe	muliples (Form	w. or-bj. Handlor o	
Total Prior Amount \$	100.00					
			(also re	cord on Form 31	-A-2)	
Total Received This	Total Received This Period \$ 7,500					
Total Received This Total Payments Received		To A section		ord on Form 31-	8)	



Page 1

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee							
To Whom Owed		· · · · · ·			Prior Amount	Amou	nt incurred this Period
Street Address					Item or Purpose of Debt	Outst	anding Balance
City	[8	State	Zip Code		Paym	ents Thi	s Period
D	ate Debt was Origin	ally Incu	ırred (MM/D	D/YYYY)	Date of Payment (MM/DI	D/YYYY)	Amount
Registration Number, if PAC					Date of Payment (MM/D	D/YYYY)	Amount
					Date of Payment (MM/D	D/YYYY)	Amount
To Whom Owed					Prior Amount	Amou	int Incurred this Period
Street Address					Item or Purpose of Debt	Outst	anding Balance
City	5	State	Zip Code		Paym	ents Thi	s Period
D	ate Debt was Origin	ially Incu	urred (MM/D	DYYYY)	Date of Payment (MM/D	D/YYYY)	Amount
Registration Number, if PAC					Date of Payment (MM/D	D/YYYY)	Amount
					Date of Payment (MM/D	D/YYYY)	Amount
If a debt is forgiven, write "Forgiven" in the "Ou (Form No. 31-B). Total amount forgiven should cover page.	tstanding Balance" be included in the	column. In-Kind (Transfer to Contribution	tal of all pa s Received	ryments made in this peric d (Form No. 31-J-1). Tran	nd to the St sfer total ou	atement of Expenditures utstanding debt amount to
Total Payments This Period \$ 0.00			(8	also record	d on Form 31-B)		
							





Total Payments Received this Period \$ _0.00

Statement of Loans Made

Form 31-K R.C. 3517.10

To Whom Made					Prior Amount	Amoun	t Loaned this Period
Street Address				- 2		Outsta	nding Balance
City	State		Zip Code		Payment	a Basalysas	This Period
	Date Loan Was Original	ly N	Made (MM/DE	D/YYYY)	Date of Payment (MM/		Amount
			. V. **	(S) LC 18		DDAAAAA	Amount
					Date of Payment (MM/	(איז דינטט	Alliount
					Date of Payment (MM/	DD/YYYY)	Amount
To Whom Made		e n			Prior Amount	Amou	nt Loaned this Period
Street Address						Outsta	anding Balance
City	State	-	Zip Code		Payment	s Receive	d This Period
	Date Loan Was Original	lly N	Made (MM/DI	D/YYYY)	Date of Payment (MM.	(DD/YYYY)	Amount
1. (4.9) 1. (4.9)					Date of Payment (MM	/DD/YYYY)	Amount
					Date of Payment (MM	/DD/YYYY)	Amount
				(Agg)			
If a loan is forgiven, write "Forgiven" (Form No. 31-B). Transfer total of all the cover page.	in the "Outstanding Balance" spac payments received in this period t	e. T	Transfer total ne Statement	of all loa of Other	ins made this period to	he Statement A-2). Transfer	of Expenditures Total Outstanding Ba
Total Loans This Period \$ 0.0	00		(a	lso recor	d on Form 31-B)		

(also record on Forms 31-A-2)



Page 1

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, Off	ice Sought	
To Whom Paid					1		
Street Address	Purpose			Date (M	MM/DD/YYYY)	Amount	
City		State	Zip Code				
Candidate or Ballot Issue		- 	Support	☐ Oppose	If Candidate, Off	fice Sought	
To Whom Paid							
Street Address	Purpose			Date (I	MM/DD/YYYY)	Amount	
City		State OH	Zìp Code				
Candidate or Ballot Issue			Support	☐ Oppose	If Candidate, Of	fice Sought	
To Whom Paid							
Street Address	Purpose			Date (I	MM/DD/YYYY)	Amount	
City		State OH	Zip Code				
Candidate or Ballot Issue			Support	Oppose	If Candidate, Of	fice Sought	
To Whorn Pald		, , , , , , , , , , , , , , , , , , ,		-			
Street Address	Purpose			Date (I	MM/DD/YYYY)	Amount	
City		State OH	Zip Code				

Page Total	\$0.00		



Ohio Campaign Finance Report

ORC 3517 10

Committee Name The Committee to Elect Aaron E. Haslam Adams Co		Office Sought County Prosecutor				Diedrica 01	
el Address City 5 E. Mulberry St., Apt. A West Union			Stain Zip OH 45693				L
Candidaia Name OR PAC Registration Number Aeron E. Hasiam	am			Election Data 11/05/2024		17771	
Type of Report (choose one): ☐ Annual ☐ Semiannual ☐ Pre-Prime Statewide Candidates Only: ☐ July Monthly ☐ August Monthly ☐	Bry Post-Pr		re-General [⊠ Po	ost-General	Year 202	
Amended Report Termination No Yes Check this box if the wishes to terminate		Check th	Report (R.C. Is box if the c n report. See	ommit		3.	
1. Amount brought forward from last repo	ort		\$1,67	0,05	1		
2. Total monetary contributions (From For	rms 31-A and 31-	·E)	\$10.	400	V'		
3. Total other income (From Form 31-A-2)		\$0.					
4. Total funds available (sum of lines 1, 2,	3)		\$12,0	70,05	/		
5. Total monetary expenditures (From For	ms 31-B and 31-	F)	\$7,58	3.32			
6. Balance on hand (line 4 minus line 5)	8		\$4,48	86,73			
7. Value of In-kind contributions received	(From Form 31-	J-1)	\$0.00				, p
8. Value of in-kind contributions made (F	rom Form 31-J-2)	. \$0	.00		االط	3
9. Outstanding loans owed by committee	(From Form 31-	C)	\$7,60	00.00	1	11.	
10. Outstanding debts owed by committee	e (From Form 31	-N)	. 0.	00	,		
11. Outstanding loans owed to committee	e (From Form 31	К)	. 0.	00	, 1		
12. Value of independent expenditures m	ade (From Form	31-U)	0.	00 -	9		
THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFI	ALTY OF ELECT CATION IS GUII	TION FALSIFIC LTY OF A FEL	ATION. ONY OF THE	FIFT	H DEGREE,		
Ann 2, Harla			1	2/13/2	2024		
Signature of Treasurer or Deputy Treasurer Contribution Pages Expenditure Pages 2	<u> </u>	Pages] [2/13/2 late (Mi	2024 M/DD/YYYY	Update	-d





Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
The Committee to Elect Aaron E. Haslam A	dams Cou	nty Prosecutor			
Full Name of Contributor		**************************************		Registration Numb	er, If PAC
Harvey Knowles					
Street Address	Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Cincinnati	он [45243		10/25/2024	\$5,000
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Numb	er, if PAC
Eileen Barrett					
Street Address	Emplo	yer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Cincinnati	он [45243		10/25/2024	\$5,000
Full Name of Contributor			1.0	Registration Numb	er, if PAC
David and Kim Kelley					
Street Address	Emplo	yer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Mesa	AZ	85207		10/25/2024	\$300
Full Name of Contributor				Registration Numb	er, if PAC
Pam Geroux					
Street Address	Employ	yer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Mesa	AZ L	85207		10/25/2024	\$100
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employ	yer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
		<u>네</u>			

*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	✓



Event Date	N/A	Page 1
Event Date		rage (

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

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

Full Name of Committee		7.15				
The Committee to Elect Aaron E	. Haslam Adams County P	rosecutor				
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC		
Street Address	Employer/Occupa	tion/Lapor Organization	on* Date (MM/DD/YYYY)	Amount		
			Form (Cash, Check, Etc.			
City	State Zip Code					
Full Name of Contributor			Registration Number, if PAG			
Street Address	Employer/Occupa	tion/Labor Organization	on* Date (MM/DD/YYYY)	Amount		
City	y State Zip Code		Form (Cash, Check, Etc			
Full Name of Contributor			Registration Number, if PA			
Street Address	Employer/Occupa	ition/Labor Organization	on* Date (MM/DD/YYYY)	Amount		
City	State	Zip Code	Form (Cash, Check, Etc	No. of the last of		
Full Name of Contributor			Registration Number, if PA	C		
Street Address	Employer/Occupa	ation/Labor Organizati	on* Date (MM/DD/YYYY)	Amount		
City	State	Zip Code	Form (Cash, Check, Etc.	5×1 17		
Full Name of Contributor			Registration Number, if PA	С		
Street Address	Employer/Occupi	ation/Labor Organizati	ion* Date (MM/DD/YYYY)	Amount		
City	State	Zip Code	Form (Cash, Check, Etc.	Contract of the		

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 No. 31-E" and list the date of the event in the date column

Total Contributions	This Event
Total Contributions N/A	

Total Expenditures This Event N/A	t
N/A	

Page Total \$	0.00	

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 1

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee					
The Committee to Elect Aaron E. Haslam Adams C	County Prosecutor				
Full Name of Contributor			Registration Num	ber, if PAC	
Street Address	Type*	Date (MM/I	DD/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zìp Code	.y	Amount	
	он				
Full Name of Contributor			Registration Num	ber, if PAC	
Street Address	Type*	Date (MM/0	DD/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	он				
Full Name of Contributor			Registration Number, if PAC		
Street Address	Туре	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Num	ber, if PAC	
Street Address	Туре*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number, if PAC		
			}		
Street Address	Type*	Date (MM/E	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				

Page	Total \$ 0.00	

^{*} 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.



Form 31-B

The Committee to Elect Aaron E. Haslam A		Date MANUSDAY	VVVI 1	Amount		
To Whom Paid West Union Firemen's Building Assoc.		Date (MM/DD/Y	Date (MM/DD/YYYY) 11/12/2024			
Street Address	Purpose Campag	in Advertising	Advertising			
City West Union	State OH			ck Number		
To Whom Paid Kenny Dick		Date (MM/DD/Y		Amount 165.00 V		
Street Address	Purpose Campaig	Purpose Campaign Advertising				
City Peebles	State OH			eck Number 32		
To Whom Paid Southern Ohio Creations	Date (MM/DD/Y	Date (MM/DD/YYYY) Amount 55.00				
Street Address	Purpose Campai	Purpose Campaign Advertising				
City	State	Zip Code	Che	Check Number		
Seaman	ОН	45679	10	33		
To Whom Paid Southern Ohio Publishing	2.5	Date (MM/DD/Y	Date (MM/DD/YYYY) Amount 10/18/2024 1,649.22			
Street Address	Purpose Campai	gn Advertising				
City West Union	State OH	Zip Code 45693		ack Number 34		
To Whom Paid Jefferson Community Center		Date (MM/DD/YYYY) Amount 200.00				
Street Address	Purpose Campai	Purpose Campaign Advertising				
City West Union	State OH	Zip Code 45693	10.5	eck Number 35		

	2210.22	
Page Total 9	2219.22	



Page 2

Statement of Expenditures

Form 31-B

Full Name of Committee	·····				·	
The Committee to Elect Aaron E. Haslam Adams Count	y Prosecutor					
To Whom Pald		Dŧ	ate (MM/DD/YYYY)		Amount	
The Strategy Group for Media, Inc.			10/28/20	024	3,650,60	
Street Address	Purpose					
	Campai	gn Consul	onsultants and Advertising			
City	State	Zip Coc	de	Chec	ck Number	
Delaware	ОН	43015	5	103	36	
To Whom Pald		Da	ate (MM/DD/YYYY)		Amount	
The Peebles Messenger			10/25/20	24	350.00 🗸	
Street Address	Purpose					
	Campai	gn Adverti	sing			
City	State	Zip Coo	de	Chec	ck Number	
Peebles	ОН	45660)	103	7	
To Whom Paid		Da	ate (MM/DD/YYYY)	1	Amount	
The People's Defender			10/28/2024 313.50			
Street Address	Purpose					
	Campaiç	gn Advertis	sing			
City	State	Zip Cod	le	Chec	k Number	
West Union	он	45693	3	103	9 1	
To Whom Paid		Da	te (MM/DD/YYYY)	1	Amount	
Manchester Elementary School			11/1/20:	24	250.00	
Street Address	Purpose					
	Campaiç	gn Advertis	sing			
City	State	Zip Cod	e	Chec	k Number	
Manchester	ОН	45144		104	0	
To Whom Paid		Dat	te (MM/DD/YYYY)	1	Amount	
Chelsea Phelps			11/12/202	24	800.00	
Street Address	Purpose					
	Reimbur	sment for	Campaign Advertsing	g Ex	penses	
City	State	Zip Code	e (Chec	k Number	
West Union	ОН	45693		9999	9	

Page Total \$ 5,364.10	
age lotal \$	



Date	na	Page 1
Date	11d	Page I

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

The Committee to Elect Aaron E	E. Haslam Adams County Prosecutor	The state of the s	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		Li ac
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zip Code	Check Number	76 - 34

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.





In-Kind Contributions Received

Page Total \$___

Form 31-J-1 R.C. 3517,10

1990			Prosecutor					
Full Name of Contributor			Employer, Occu	pation, Labor Organizatlor	n* Registration Number,	Registration Number, if PAC		
Street Address	Description	of Item or	Service		Date (MM/DD/YYYY) Fair Market			
City	Sta	te	Zip Code	Received at Fundra	Ising Event?			
		-]	☐ Yes ☐ No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if Pr			If PAC		
Street Address	Description	of Item or	r Service		Date (MM/DD/YYYY)	Fair Market Value		
City	Sta	te	Zip Code	Received at Fundra	ising Event?			
]	☐ Yes ☐ No				
Full Name of Contributor	L		Employer, Occu	pation, Labor Organization	n* Registration Number,	If PAC		
Street Address	Description	of Item or	· Service		Date (MM/DD/YYYY)	Fair Market Value		
City	Sta	te	Zip Code	Received at Fundra	Ising Event?			
only		-	-al	☐ Yes ☐ No	·			
Full Name of Contributor			Employer, Occu	patlon, Labor Organization	n* Registration Number,	if PAC		
Street Address	Description	of Item or	r Service		Date (MM/DD/YYYY)	Fair Market Value		
City	Sta	te	Zip Code	Received at Fundra	Received at Fundralsing Event?			
•		-]	☐ Yes ☐ No				
Full Name of Contributor			Employer, Occu	pation, Labor Organization	n* Registration Number,	If PAC		
Street Address	Description	of Item or	em or Service Date (MM/DDA		Date (MM/DD/YYYY)	Fair Market Value		
City	Ste	ite	Zip Code	Received at Fundra	ising Event?	<u> </u>		
•		E]	☐ Yes ☐ No				





In-Kind Contributions Made

Form 31-J-2 R.C. 3517.10

Full Name of Committee			S. T. J. Mar. 1		
The Committee to Elect Aar	on E. Haslam Adams Co	ounty F	rosecutor		
Recipient Committee					
Street Address	Description of Ite	m or Se	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite	m or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite	m or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
Recipient Committee					
Street Address	Description of Ite	m or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee					
Street Address	Description of Ite	em or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		VALUE OF STREET

Page Total \$0,00





Statement of Loans Received

Form 31-C

Full Name of Committee									
The Committee to Elect Aan	on E. Ha	aslam Adams C	County Prosecuto	г					
From Whom Received						Prior Amount	Amt. In	curred this Period	
Aaron E. Haslam						\$7,600	0,00		
Street Address							Outstanding Baland \$7,600		
515 E. Mulberry Street, Unit	Α								
City West Union	State OH ▼	Zip Code 45693	Loans Rece	ived Th	is Period	Paymen	ts This	Period	
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DI	D/YYYY)	Amount	Date of Payment (MM/	(YYYYDD	Amount	
Date Court was Originally		11/03/2023							
Registration Number, if PAC			Date of Loan (MM/D	MM/DD/YYYY) Amount Date of Payment (MM/DD/YYYY) Am			Amount		
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/D	D/YYYY)	') Amount	Date of Payment (MM/DD/YYYY) Amount			
From Whom Received						Prior Amount	Amt, Ir	curred this Period	
From whom Received									
Street Address					.,		Outsta	nding Balance	
City	State	Zip Code	Loans Reco	eived Th	nis Period	Paymen	its This	Period	
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	(YYYYOO)	Amount	
Registration Number, if PAC			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount	
Employer/Occupation/Labor Organ	nization*	······································	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount	
* Required for contributions from in name of the individual's business, i aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	if any, rath ization of	er than employer s which the employed	should be listed. If two es are members, if ar e" space. Transfer tot	o or more e ny, must a ral of all lo	employees contri iso appear. [R.C. ans received this	bute via payroll deduct 3517.10(B)(4)] period to the Stateme	ion and e	r Income	
Total Prior Amount \$ 7,600	<u> </u>		<u></u>						
Total Received This Period	\$ <u>0.00</u>			(also rec	ord on Form 31-A	4-2)			
Total Payments Received t	his Perio	od \$ <u>0,00</u>		(also reco	ord on Form 31-B	3)			
Total Outstanding Balance	\$ <u>7,600</u>	.00		(also reco	ord on Form 30-A	()			





Statement of Outstanding Debts

Form 31-N R.C. 3517.10

THE COMMITTEE TO LIGHT MATOR	E. Haslam Adams County	Prosecui	or				
To Whom Owed				Prior Amount	Amou	int Incurred this Period	
Street Address				Item or Purpose of Debt	urpose of Debt Outstanding Balance		
City	State	Zip Cod	е	Payme	nts Thi	s Period	
	Date Debt was Originally In	ncurred (MM	I/DD/YYYY)	Date of Payment (MM/DD)	YYYY)	Amount	
Registration Number, if PAC				Date of Payment (MM/DD	YYYY)	Amount	
	754 S			Date of Payment (MM/DD	YYYY)	Amount	
To Whom Owed		0.000	(()(V())	Prior Amount	Amou	int Incurred this Period	
Street Address				Item or Purpose of Debt	Outst	anding Balance	
City	State	Zip Coo	le	Payme	ents Th	is Period	
N/A	Date Debt was Originally lo	ncurred (MN	I/DD/YYYY)	Date of Payment (MM/DD	YYYY)	Amount	
Registration Number, if PAC				Date of Payment (MM/DD/YYYY) Amount			
74.1		(100)		Date of Payment (MM/DD/YYYY) Amount			
If a debt is forgiven, write "Forgiven" in t (Form No. 31-B). Total amount forgiven	the "Outstanding Balance" colun	nn. Transfer	total of all pa	ayments made in this period d (Form No. 31-J-1). Trans	to the S	tatement of Expenditure	
cover page.	anodic de moladed in the first in						
Total Payments This Period \$	0.00		(also record	d on Form 31-B)			





Statement of Loans Made

Form 31-K R,C, 3517,10

F ull Name of Committee The Committee to Elect Aaron E, Haslam	Adams County Pro	secutor	•		
o Whom Made			Prior Amount	Amoun	t Loaned this Period
street Address				Outsta	nding Balance
Sity	State .	Zip Code	Paymer	nts Received	l This Period
Date	Loan Was Originally Ma	ade (MM/DD/YYYY)	Date of Payment (MM	A/DD/YYYY)	Amount
			Date of Payment (MN	//DD/YYYY)	Amount
			Date of Payment (MN	A/DD/YYYY)	Amount
o Whom Made			Prior Amount	Amoun	t Loaned this Period
Street Address				Outsta	nding Balance
City	State	Zip Code	Paymer	nts Received	l This Period
Date	Loan Was Originally Ma	ade (MM/DD/YYYY)	Date of Payment (MN	A/DD/YYYY)	Amount
			Date of Payment (MN	A/DD/YYYY)	Amount
			Date of Payment (MN	A/DD/YYYY)	Amount
f a loan is forgiven, write "Forgiven" in the "Outstand	dino Balance" soace. Tra	ansfer total of all loa	ns made this period to	the Statement of	of Expenditures
Form No. 31-B). Transfer total of all payments recei he cover page.	ived in this period to the	Statement of Other	Income (Form No. 31-	A-2), Transfer T	otal Outstanding Balar
Total Loans This Period \$ 0.00		(also record	d an Form 31-B)		
Page Outstanding Balance \$ 0.00		(also record	d on cover page)		





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			V 100 W			
The Committee to Elect Aa	ron E. Haslam Adams	County F	Prosecutor			
Candidate or Ballot Issue		1	Support	Oppose	If Candidate, Off	ice Sought
To Whom Paid						
Street Address	Purpose		_	Date (M	IM/DD/YYYY)	Amount
City		State OH	Zip Code			
Candidate or Ballot Issue		0	Support	Oppose	If Candidate, Off	ice Sought
To Whom Paid						
Street Address	Purpose			Date (N	MM/DD/YYYY)	Amount
City		State	Zip Code			
Candidate or Ballot Issue	160		Support	Oppose	If Candidate, Of	ice Sought
To Whom Paid						
Street Address	Purpose			Date (N	MM/DD/YYYY)	Amount
City		State	Zip Code			
Candidate or Ballot Issue			Support	Oppose	If Candidate, Of	fice Sought
To Whom Paid						
Street Address	Purpose			Date (f	MM/DD/YYYY)	Amount
City		State	Zip Code		(1.75) (No.9) (1.75) (No.9)	

Page Total \$ 0.00		
r ago rotar o	age Total \$ 0.00	Pa