

# Ohio Campaign Finance Report

JUL 30 2018 AM 10:35

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Hines For Chilli</b>						Registration Number, if PAC						
Full Name of Candidate <b>Aaron Michael Hines</b>												
Street Address <b>612 Oneida Rd.</b>						Office Sought <b>City Council</b>				District <b>Ward 2</b>		
City <b>Chillicothe</b>						State <b>OH</b>		Zip Code <b>45601</b>				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election				1	M	1	D	0
								7	Y	7		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$1,726.63
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,726.63
5. Total monetary expenditures (From Form No. 31-B)	\$	\$21.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,705.63
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

**Report is:**  
**OK: NEEDS INFO / AMENDED IN CFS**  
**SCANNED FOR ONLINE**

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**Kim M. Benson Treasurer**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Kim M. Benson*  
Signature

07/31/2018  
Date

Contribution pages 0

Expenditure pages 1

Other pages 1

Total pages 2

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Hines For Chilli						
To Whom Paid			M	D	Y	Amount
LCNB			0 1	2 2	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 2	2 3	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 3	2 3	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 4	2 3	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 5	2 3	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 6	2 2	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
LCNB			0 7	2 3	1 8	\$3.00
Address		Purpose				
P.O. Box 59		Service Charge				
City		State	Zip Code		Check Number	
Lebanon		OH	45036			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	