OFFICE OF THE
Ohio Secretary of State

#8164

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OH 44311

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

2024 APR 24 AM 11:40

Committee Name	Office Sought	District
Greven For Prosecutor Committee	County Prosecutor	

Street Address	City	State	Zip
775 Stonehaven Circle	Hudson	OH	44236

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
John Greven	Austin Barnes	November 5, 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

Year

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

1. Amount brought forward from last report	-0-
2. Total monetary contributions (From Forms 31-A and 31-E)	14,100.00
3. Total other income (From Form 31-A-2)	7,500.00
4. Total funds available (sum of lines 1, 2, 3)	21,600.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	2,399.38
6. Balance on hand (line 4 minus line 5)	19,200.62
7. Value of in-kind contributions received (From Form 31-J-1)	-0-
8. Value of in-kind contributions made (From Form 31-J-2)	-0-
9. Outstanding loans owed by committee (From Form 31-C)	# 7,500.00
10. Outstanding debts owed by committee (From Form 31-N)	-0-
11. Outstanding loans owed to committee (From Form 31-K)	-0-
12. Value of independent expenditures made (From Form 31-U)	-0-

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

Austin B. Barnes, III
Signature of Treasurer or Deputy Treasurer

04/22/2024
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
14	1	3	18

Last Updated 09/2017

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Greven For Prosecutor Committee					
Full Name of Contributor Contributions From form No. 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 03/28/2024		Amount $14,100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount

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

Page Total $14,100.00

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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee
Greven For Prosecutor Committee

Full Name of Contributor: Transfer From Statement of Loans Received From Form 31-C		Registration Number, if PAC:	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount: $7,500
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	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 $ 7,500.00

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee				
Greven For Prosecutor Committee				
To Whom Paid			Date (MM/DD/YYYY)	Amount
Expenditures from Form 31-F			03/28/2024	$2,399.38
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		
City	State	Zip Code		Check Number

Page Total $ 2,399.38

OH Summit Greven, John EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/hri96j7b35u0gbxt4vsgprfm18rashu3