

## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name FRIENDS OF RAY GROGAN			Office Sought MARION COUNTY PROSECUTOR			
Street Address 979 BURGUNDY DRIVE	City State OH			Zip 43302	21JUL20 1:1	
Candidate Name OR PAC Registration Number RAY GROGAN	Treasurer Name JEAN OBENOUR		Election Date 11/03/202		(MM/DD/YYYY)	
Type of Report (choose one):  ☐ Annual ☒ Semiannual ☐ Pre-Primary	/ Post-P	rimary 🔲 I	Pre-General	F	ost-General	
Statewide Candidates Only:  July Monthly August Monthly Set	eptember Mon	thly				Year 2021
Amended Report Termination  ☑ No ☐ Yes ☐ Check this box if the continuous wishes to terminate with		Check		comm	7.10(H)) ittee is filing a ched instruction	ns.
Amount brought forward from last report			9:			
2. Total monetary contributions (From Forms	s 31-A and 31-	-E)	0.00			
3. Total other income (From Form 31-A-2)	3. Total other income (From Form 31-A-2)			9.00		
4. Total funds available (sum of lines 1, 2, 3)	4. Total funds available (sum of lines 1, 2, 3)			946.67		
5. Total monetary expenditures (From Forms 31-B and 31-F)			0.00			
6. Balance on hand (line 4 minus line 5)			946.67			
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)			0.00			
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)		31-U)	0.00			
THIS STATEMENT IS MADE UNDER PENAL WHOEVER COMMITS ELECTION FALSIFICATION FALSIFICATIO					TH DEGREE.	
Signature of Treasurer or Deputy Treasurer	W			11.19	IM/DD/YYYY)	
Contribution Pages 1 Expenditure Pages 0 Printed from	25	Pages	Total Pag	1 1		t Updated 09/2017



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#### Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

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Full Name of Committee FRIENDS OF RAY GROGAN					
Full Name of Contributor THE UNION BANK CO.		Registration Number	er, if PAC		
Street Address 100 S. HIGH ST.	Type*	Date (MM/DD/YYYY) 01/21/2021	Form (Cash, Check, etc.) CASH		
City	State OH	Zip Code 45830	Amount 9.00		
Full Name of Contributor		Registration Numb	er, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Amount		
Full Name of Contributor		Registration Numb	er, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Amount		
Full Name of Contributor		Registration Numb	er, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Amount		
Full Name of Contributor		Registration Numb	Registration Number, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Amount		

Page Total \$\_\_\_9.00

<sup>\*</sup> 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.

# Frank LaRose Ohio Secretary of State

# Not an Original Document

ARION COUNTY BOE 1522 JAN 18 PM1:14

### **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name FRIENDS OF RAY GROGAN			Office Sought  MARION COUNTY PROSECUTOR			Distric	
Street Address 979 BURGUNDY DRIVE	City MARION			State OH	Zip	302	
Candidate Name OR PAC Registration Number RAY GROGAN	Treasurer Name JEAN OBENOUR				Election Date (MM 11/03/2020	M/DD/YYYY)	
Type of Report (choose one):   Annual	ary		re-Genera	ı 🗆	Pos	t-General	Year 2021
Amended Report Termination  No Yes Check this box if the wishes to terminate			is box if th	e comr	nitte	O(H)) e is filing a d instructions.	
1. Amount brought forward from last repo	ort			937.67			
2. Total monetary contributions (From Forms 31-A and 31-E)			0.00				
3. Total other income (From Form 31-A-2)			9.00				
4. Total funds available (sum of lines 1, 2, 3)			946.67				
5. Total monetary expenditures (From Forms 31-B and 31-F)			414.00				
6. Balance on hand (line 4 minus line 5)			532.67				
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)			0.00				
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				
THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFIC				01/12			
Signature of Treasurer or Deputy Treasurer				Date (N	MM/D	DMYYY)	
Contribution Pages  1 Expenditure Pages  2 Printed from	24	Pages on Count	Total P 27 V	ages OSI te		Last Upo	dated 09/20



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#### **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee FRIENDS OF RAY GROGAN			K.C. 3317.10
Full Name of Contributor THE UNION BANK CO.		Registration Nur	nber, if PAC
Street Address 100 S. HIGH ST.	Type*  Refund / Sexusce  CHARGES	Date (MM/DD/YYYY) 01/21/202	Form (Cash, Check, etc.)  CASH
COLUMBUS	State OH	Zip Code 45830	Amount 9.00
Full Name of Contributor		Registration Nur	nber, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Nur	nber, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Nur	nber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Nur	nber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

Page Total \$ 9.00

<sup>\*</sup> 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.



### Statement of Expenditures

Form 31-B

Page 1

R.C. 3517.10

Full Name of Committee FRIENDS OF RAY GROGAN					
To Whom Paid MARION COUNTY JUNIOR LIVESTOCK	Date (MM/DD/YY	Amount 07/20/2021 414.00			
Street Address 220 E. FAIRGROUND	Purpose DONATI	Purpose DONATION			
City MARION	State OH				
To Whom Paid		Date (MM/DD/YY	YY) Amount		
Street Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid		Date (MM/DD/YY	YY) Amount		
Street Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid	Anna M	Date (MM/DD/YY)	YY) Amount		
Street Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid		Date (MM/DD/YY)	YY) Amount		
Street Address	Purpose	Purpose			
City	State OH	Zip Code	Check Number		

Page Total \$ 414.00

#### OH Marion Grogan, Ray EY 2024

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

https://app.box.com/s/171blrwfsmupma29b4cfddk2ymlaugy1