



# Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

FILED  
2025 NOV 17 AM 10:09

Committee Name <b>JOHN G. REINER</b>		FRANKLIN COUNTY BOARD OF ELECTIONS		Office Sought <b>WARD III</b>	District
Street Address <b>8977 TURN HILL CT</b>		City <b>DUBLIN</b>	State <b>OH</b>	Zip <b>43017</b>	
Candidate Name OR PAC Registration Number <b>JOHN G. REINER</b>		Treasurer Name		Election Date (MM/DD/YYYY)	
<b>Type of Report</b> (choose one): <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: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year <b>2025</b>
<b>Amended Report</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report</b> (R.C. 3517.10(H)) <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	- 0 -
2. Total monetary contributions (From Forms 31-A and 31-E)	- 0 -
3. Total other income (From Form 31-A-2)	- 0 -
4. Total funds available (sum of lines 1, 2, 3)	- 0 -
5. Total monetary expenditures (From Forms 31-B and 31-F)	- 0 -
6. Balance on hand (line 4 minus line 5)	- 0 -
7. Value of in-kind contributions received (From Form 31-J-1)	8991.54
8. Value of in-kind contributions made (From Form 31-J-2)	- 0 -
9. Outstanding loans owed by committee (From Form 31-C)	- 0 -
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.**

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Signature of Treasurer or Deputy Treasurer

**11/14/2025**  
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b>			
JOHN G REINER			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
<del>JOHN G REINER</del>			
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
<del>8977813300 1000 St</del>			
City	State	Zip Code	Received at Fundraising Event?
<del>DURHAM</del>	<del>OH</del>	<del>43001</del>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
JOHN G REINER			
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
NAME	FACE BOOK, FIELD OPERATIONS		11/7/2025
City	State	Zip Code	Received at Fundraising Event?
NAME			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
JOHN G REINER			
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
NAME	POST CARDS, MAILING, CANDY		10-16-25
City	State	Zip Code	Received at Fundraising Event?
			<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)
City	State	Zip Code	Received at Fundraising Event?
			<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)
City	State	Zip Code	Received at Fundraising Event?
			<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)]