



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Joel A. Greff				
Full Name of Contributor Larry Ruben			Registration Number, if PAC	
Street Address 3016 Maryland Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/04/2019	Amount 250
Full Name of Contributor Michael Schiff			Registration Number, if PAC	
Street Address 400 S. Parkview		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/04/2019	Amount 500
Full Name of Contributor Murray Davis			Registration Number, if PAC	
Street Address 360 S. Columbia		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/10/2019	Amount 100
Full Name of Contributor Neal Shapiro			Registration Number, if PAC	
Street Address 470 Brookside Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/10/2019	Amount 100
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]