



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Joel A. Greff				
Full Name of Contributor Abe Bonowitz			Registration Number, if PAC	
Street Address 764 Francis Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/06/2019	Amount 36
Full Name of Contributor Steve Weiler			Registration Number, if PAC	
Street Address 135 Prestoon Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/11/2019	Amount 100
Full Name of Contributor Madison for Bexley City Council			Registration Number, if PAC	
Street Address 39 E. Whittier Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 09/11/2019	Amount 500
Full Name of Contributor Rochelle Coleman			Registration Number, if PAC	
Street Address 2187 Caxton Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Clermont	State FL	Zip Code 34711	Date (MM/DD/YYYY) 09/10/2019	Amount 25
Full Name of Contributor Barry Hellman			Registration Number, if PAC	
Street Address 105 S. Merkle Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/11/2019	Amount 36

\*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)]