



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Joel A. Greff				
Full Name of Contributor Ryan Crossley			Registration Number, if PAC	
Street Address 1260 Cambridge		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Grandview	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/16/2019	Amount 100
Full Name of Contributor Jeff Meyer			Registration Number, if PAC	
Street Address 196 S. Columbia		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/11/2019	Amount 100
Full Name of Contributor Scott Paine			Registration Number, if PAC	
Street Address 2655 Brentwood		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/18/2019	Amount 250
Full Name of Contributor Scott Shaw			Registration Number, if PAC	
Street Address 336 S. High Street #211		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/02/2019	Amount 50
Full Name of Contributor Adam Eisenberg			Registration Number, if PAC	
Street Address 2615 Sherwood		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/02/2019	Amount 100

*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)]