OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Joel A. Greff

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	08/01/2019	11.90

Street Address	Purpose
POB 45950	Credit Card Fee

City	State	Zip Code	Check Number
Omaha	NE	68154	EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	08/20/2019	.82

Street Address	Purpose
POB 45950	Credit Card Fees

City	State	Zip Code	Check Number
Omaha	NE	68154	EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	09/05/2019	1.34

Street Address	Purpose
POB 45950	Credit Card Fees

City	State	Zip Code	Check Number
Omaha	NE	68154	EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	09/10/2019	1.34

Street Address	Purpose
POB 45950	Credit Card Fees

City	State	Zip Code	Check Number
Omaha	NE		EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	09/11/2019	3.20

Street Address	Purpose
POB 45950	Credit Card Fees

City	State	Zip Code	Check Number
Omaha	NE	68154	EFT

Page Total $ 18.60