



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Monique Lampke				
Full Name of Contributor Christine Bradley			Registration Number, if PAC	
Street Address 668 S Cassingham Av	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/20/17	Amount 10
Full Name of Contributor Billy Hedrick			Registration Number, if PAC	
Street Address 535 W 1st Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/20/17	Amount 25
Full Name of Contributor Michael Berlan			Registration Number, if PAC	
Street Address 205 S Cassingham Av	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/20/17	Amount 25
Full Name of Contributor Michelle Mineo			Registration Number, if PAC	
Street Address 783 S Cassingham Av	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/20/17	Amount 25
Full Name of Contributor Chris Melville			Registration Number, if PAC	
Street Address 699 Montrose Av	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/20/17	Amount 25

\*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)]