



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Brenna Heller			Registration Number, if PAC	
Street Address 7571 Twin Oaks Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 9/23/2017	Amount 500
Full Name of Contributor Dana Adler			Registration Number, if PAC	
Street Address 375 S Parkview St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/23/2017	Amount 100
Full Name of Contributor Alan Levine			Registration Number, if PAC	
Street Address 290 S Dawson		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/30/2017	Amount 100
Full Name of Contributor Melissa Lacroix			Registration Number, if PAC	
Street Address 254 Ashbourne St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/30/2017	Amount 75
Full Name of Contributor Laurence Reuben			Registration Number, if PAC	
Street Address 140 S Columbia Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/30/2017	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)]