JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Friends of Monique Lampke

Full Name of Contributor				Registration Number, if PAC	
David Liebrock					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4213 Seigman Av				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbu	OH	43209	9/9/2017	150	

Full Name of Contributor				Registration Number, if PAC	
Christy Newman					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
953 Francis Av				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbus	OH	43209	9/9/2017	100	

Full Name of Contributor				Registration Number, if PAC	
Grange Mutual Insurance PAC				C00302695	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
671 S High St				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbus	OH	43215	9/9/2017	500	

Full Name of Contributor				Registration Number, if PAC	
Beverly Sapienza					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2829 Bryden Rd				CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbus	OH	43209	9/12/2017	50	

Full Name of Contributor				Registration Number, if PAC	
Jill Rogers					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2597 Fair Av				CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbus	OH	43209	9/13/2017	50	

*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)]

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