



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Monique Lampke				
Full Name of Contributor Andrew Magee			Registration Number, if PAC	
Street Address 2648 Bryden Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 9/23/2017	Amount 50
Full Name of Contributor Heidi Ruckel			Registration Number, if PAC	
Street Address 452 Northview Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 9/23/2014	Amount 50
Full Name of Contributor Robyn Jones			Registration Number, if PAC	
Street Address 5627 Chowing Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/23/2017	Amount 50
Full Name of Contributor Gail Rose			Registration Number, if PAC	
Street Address 29 E 2nd Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/23/2017	Amount 50
Full Name of Contributor Roy Brown			Registration Number, if PAC	
Street Address 2604 Sherwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/23/2017	Amount 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)]