



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Jennifer Wasserstrom			Registration Number, if PAC	
Street Address 201 N Drexel Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 8/22/2017	Amount 150
Full Name of Contributor Tiffany Duncan			Registration Number, if PAC	
Street Address 765 Vernon Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 8/22/2017	Amount 50
Full Name of Contributor Julie Byron			Registration Number, if PAC	
Street Address 150 Hanford St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 8/22/2017	Amount 50
Full Name of Contributor Susan 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) 08/24/2017	Amount 125
Full Name of Contributor Shari George			Registration Number, if PAC	
Street Address 2456 Dale Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/24/2017	Amount 75

*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)]