



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Monique Lampke			
To Whom Paid Paypal Inc		Date (MM/DD/YYYY) 10/16/2017	Amount 67.87
Street Address 2211 North First St		Purpose Credit card fees	
City San Jose	State CA	Zip Code 95131	Check Number 105
To Whom Paid Monique Lampke		Date (MM/DD/YYYY) 10/18/2017	Amount 639.12
Street Address 2447 Plymouth Av		Purpose Reimburse website fee, printing	
City Bexley	State OH	Zip Code 43209	Check Number 105
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 706.99