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## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee							
Friends of Monique Lampke							
Full Name of Contributor Registration Num					er, if PAC		
Gary Giller							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
23 Sessions Dr	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Columbus	ОН	43209	09/30/2017		100		
Full Name of Contributor				Registration Number	er, if PAC		
Christopher O'Dell							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2443 Dale Av	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Columbus	ОН	43209		10/14/2014	50		
Full Name of Contributor				Registration Number	er, if PAC		
Anne Lewis							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
137 S Standwood Rd					сс		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Columbus	ОН	43209	10/16/2017 35		35		
Full Name of Contributor	Registration Num			er, if PAC			
Brian Smith							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6150 State Route 167	Check				Check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Mechanicsburg	ОН	43004		10/17/17	100		
Full Name of Contributor	Registration Num				er, if PAC		
Anonymous (Cash in mail, no return address, no way to trace)							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	Cash						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
	ОН				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 employed 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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