



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Matt Fortney			Registration Number, if PAC	
Street Address 1013 Vernon Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/24/17	Amount 25
Full Name of Contributor Melanie Schottenstein			Registration Number, if PAC	
Street Address 333 N Parkview St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/24/17	Amount 15
Full Name of Contributor Charles Rath			Registration Number, if PAC	
Street Address 2640 Brentwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/25/17	Amount 25
Full Name of Contributor Richard Rosenthal			Registration Number, if PAC	
Street Address 2610 Sherwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/25/17	Amount 25
Full Name of Contributor Zachary Schiff			Registration Number, if PAC	
Street Address 2424 Plymouth Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/25/17	Amount 25

*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)]