



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Candle Ends Cottage LLC			Registration Number, if PAC	
Street Address 37 S Cassady Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/13/17	Amount 50
Full Name of Contributor Clair Reich			Registration Number, if PAC	
Street Address 56 N Cassingham Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/13/2017	Amount 50
Full Name of Contributor Patricia Markham			Registration Number, if PAC	
Street Address 875 S Remington Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/15/2017	Amount 50
Full Name of Contributor Sarah Lee			Registration Number, if PAC	
Street Address 57 Ivy Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Orinda	State CA <input type="text"/>	Zip Code 94563	Date (MM/DD/YYYY) 09/16/2017	Amount 50
Full Name of Contributor Elana Irwin			Registration Number, if PAC	
Street Address 2475 Sherwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/19/2017	Amount 100

*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)]