



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Ellen Bennett			Registration Number, if PAC	
Street Address 513 S Drexel Av	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/28/17	Amount 20
Full Name of Contributor William Hover			Registration Number, if PAC	
Street Address 2569 Brentwood Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/28/17	Amount 25
Full Name of Contributor Kathy Piststick			Registration Number, if PAC	
Street Address 395 N Drexel	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/30/17	Amount 75
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]