



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Rebekah Young			Registration Number, if PAC	
Street Address 168 S Drexel Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OK <input checked="" type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 9-3-2017	Amount 100
Full Name of Contributor Paul Vollmer			Registration Number, if PAC	
Street Address 29 N Stanwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9-3-2017	Amount 75
Full Name of Contributor Harley Rouda			Registration Number, if PAC	
Street Address 5310 S Section Line Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 9-6-17	Amount 250
Full Name of Contributor Elizabeth Murphy			Registration Number, if PAC	
Street Address 2731 Sherwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9-9-2017	Amount 50
Full Name of Contributor Linda Katz			Registration Number, if PAC	
Street Address 2257 E Broad St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9-9-2017	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)]