



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Monique Lampke				
Full Name of Contributor Lizette Bradley			Registration Number, if PAC	
Street Address 5725 Chanberry Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Rogers	State AR <input type="checkbox"/>	Zip Code 72758	Date (MM/DD/YYYY) 8-25-2017	Amount 300
Full Name of Contributor Ramona Barber			Registration Number, if PAC	
Street Address 1163 Broadview Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 8-25-2017	Amount 50
Full Name of Contributor Kimberly Appling			Registration Number, if PAC	
Street Address 2582 Bryden Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 8-29-2017	Amount 150
Full Name of Contributor Susan Bradley			Registration Number, if PAC	
Street Address 668 S Cassingham Av		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 8-31-2017	Amount 80
Full Name of Contributor John Perryman			Registration Number, if PAC	
Street Address 10317 Broomflower Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CC
City Austin	State TX <input type="checkbox"/>	Zip Code 78739	Date (MM/DD/YYYY) 9-1-2017	Amount 75

*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)]