

FOR PAPER FILING ONLY

Statement of Contributions Received

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Carol Mohr							
Full Name of Contributor Janet kiplinger Ciccone						Registration Number, if PAC	
Street Address 2587 Kent Rd			Employer/Occupation/Labor Organization* Office of Advancement of OSU/Director of Comm & Mktg			Form (Cash, Check, etc.) Check	
City Columbus			State OH		Zip Code 43221	M 1	D 0
						Y 4	Amount \$35.00
Full Name of Contributor Carl Steven Campbell						Registration Number, if PAC	
Street Address 2594 Kent Rd			Employer/Occupation/Labor Organization* The City of Columbus/Director of Reg. Growth Ini.			Form (Cash, Check, etc.) Check	
City Columbus			State OH		Zip Code 43221	M 1	D 0
						Y 4	Amount \$25.00
Full Name of Contributor Al Warner						Registration Number, if PAC	
Street Address 5761 Hallridge Circle			Employer/Occupation/Labor Organization* Test Prep Seminars/Education Manager			Form (Cash, Check, etc.) Cash	
City Columbus			State OH		Zip Code 43232	M 1	D 1
						Y 0	Amount \$100.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M	D
			OH			Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M	D
			OH			Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M	D
			OH			Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M	D
			OH			Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M	D
			OH			Y	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)]

Page Total **\$160.00**