

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date	09/10/13
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Name of Committee in Full Friends of Carol Mohr				
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
			0 9 1 0 1 3	\$15.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bonnie Miller Yerkes			Registration Number, if PAC	
Street Address 1994 Inchcliff Rd	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 0 1 3	\$30.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 0 1 3	\$75.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carole A Lunney			Registration Number, if PAC	
Street Address 2673 Vassar Pl	Employer/Occupation/Labor Organization* OSU/Researcher		M D Y	Amount
			0 9 1 0 1 3	\$35.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Francis J Gebauer			Registration Number, if PAC	
Street Address 2664 Coventry Rd	Employer/Occupation/Labor Organization* State of Ohio/Cust. Serv. R		M D Y	Amount
			0 9 0 6 1 3	\$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick G Cloppert			Registration Number, if PAC	
Street Address 1940 Ridgeview Rd	Employer/Occupation/Labor Organization* Cloppert, Latanick, Sauter		M D Y	Amount
			0 9 0 5 1 3	\$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor James I Prater			Registration Number, if PAC	
Street Address 2000 Malvern Rd	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 0 1 3	\$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$	\$405.00
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