

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| | | | | | | | |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|--------|--------|---------------------------------------|-------------------|--|
| Name of Committee in Full Friends of Carol Mohr | | | | | | | |
| Full Name of Contributor Ann P Laubach | | | | | Registration Number, if PAC | | |
| Street Address 4302 Ingham Ave | | Employer/Occupation/Labor Organization* State of Ohio Natural Resource Dept/Prog. Admin. | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43214 | M 0 | D 9 | Y 2 | Amount \$15.00 | |
| Full Name of Contributor Bill R Hedrick | | | | | Registration Number, if PAC | | |
| Street Address 535 West First Ave | | Employer/Occupation/Labor Organization* Cols City Attorney's Office/Chief of Staff | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43215 | M 0 | D 9 | Y 0 | Amount \$20.00 | |
| Full Name of Contributor Carol Mohr | | | | | Registration Number, if PAC | | |
| Street Address 2567 Westmont Blvd | | Employer/Occupation/Labor Organization* Self-Employed/Editor | | | Form (Cash, Check, etc.) E Deposit | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43221 | M 0 | D 9 | Y 0 | Amount \$10.00 | |
| Full Name of Contributor Ellen B Leidner | | | | | Registration Number, if PAC | | |
| Street Address 1188 McCleary Ct | | Employer/Occupation/Labor Organization* Ralph A Kerns and Assoc/Attorney | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43235 | M 1 | D 0 | Y 0 | Amount \$15.00 | |
| Full Name of Contributor Karen Hjelm | | | | | Registration Number, if PAC | | |
| Street Address 2517 Nottingham Rd | | Employer/Occupation/Labor Organization* State Auto Insurance Co/Senior Programmer | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43221 | M 1 | D 0 | Y 1 | Amount \$25.00 | |
| Full Name of Contributor Robyn Harper | | | | | Registration Number, if PAC | | |
| Street Address 2200 West Lane Ave | | Employer/Occupation/Labor Organization* State Auto Insurance Co/Sales Promotion Mgr | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH <input checked="" type="checkbox"/> | Zip Code 43221 | M 1 | D 0 | Y 0 | Amount \$25.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | M | D | 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 \$110.00