

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date	09/18/13
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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 8 1 3	\$45.00
City	State OH <input checked="" type="checkbox"/>	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gideon Fraenkel			Registration Number, if PAC	
Street Address 2615 Romnay Rd	Employer/Occupation/Labor Organization* OSU/Emeritus Professor		M D Y	Amount
			0 9 1 8 1 3	\$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Randall E Moore			Registration Number, if PAC	
Street Address 2457 Coventry Rd	Employer/Occupation/Labor Organization* Moore Attorney Law Offices		M D Y	Amount
			0 9 1 1 1 3	\$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rhoda B Simon			Registration Number, if PAC	
Street Address 2370 Haverford Rd	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 8 1 3	\$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert W Hanf			Registration Number, if PAC	
Street Address 2518 Brandon Rd	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 1 1 3	\$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rose S Luttinger			Registration Number, if PAC	
Street Address 2326 Brandon Rd	Employer/Occupation/Labor Organization* Retired		M D Y	Amount
			0 9 1 8 1 3	\$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH <input checked="" type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	

* 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

\$395.00

Total expenditures this event.

\$0.00

Page Total \$	\$395.00
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