

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 Herbert Hedden						Registration Number, if PAC			
Street Address 2491 Lane Rd			Employer/Occupation/Labor Organization* Vorys, Sater, Selymour/Attorney				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43220		M 0		D 9	
						Y 1		Amount \$200.00	
Full Name of Contributor James J Bishop						Registration Number, if PAC			
Street Address 397 W Seventh Ave			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43201		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor Judith Vass						Registration Number, if PAC			
Street Address 2385 Buckley Rd			Employer/Occupation/Labor Organization* Continental Real Estate Co/Accountant				Form (Cash, Check, etc.) VISA via Square		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43220		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor Marianne Mitchell						Registration Number, if PAC			
Street Address 1858 Guilford Rd			Employer/Occupation/Labor Organization* Homemaker				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43221		M 1		D 0	
						Y 1		Amount \$50.00	
Full Name of Contributor Mary Kuhner						Registration Number, if PAC			
Street Address 1507 Cardiff Rd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43221		M 1		D 0	
						Y 1		Amount \$250.00	
Full Name of Contributor Nadine A Block						Registration Number, if PAC			
Street Address 3175 Tremont Rd #514			Employer/Occupation/Labor Organization* Self-Employed/Psychologist				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43221		M 1		D 0	
						Y 0		Amount \$50.00	
Full Name of Contributor Rachel Holbert						Registration Number, if PAC			
Street Address 3768 Mountview Rd			Employer/Occupation/Labor Organization* Usable Research and Consulting/Owner				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43220		M 1		D 0	
						Y 0		Amount \$50.00	
Full Name of Contributor Rosalind Parkinson						Registration Number, if PAC			
Street Address 4332 Harborough Rd			Employer/Occupation/Labor Organization* OSU Wexner Med Centr/Chief Supply Chain Officer				Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>		Zip Code 43220		M 1		D 0	
						Y 0		Amount \$100.00	

* 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 **\$800.00**