

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 Alan Magnuson						Registration Number, if PAC			
Street Address 717 Bluffview Dr			Employer/Occupation/Labor Organization* Ciespace Inc/Software Developer				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 0	Y 7	Amount \$50.00
Full Name of Contributor Carolyn Casper						Registration Number, if PAC			
Street Address 2545 Northwest Blvd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 9	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Catherine A Girves						Registration Number, if PAC			
Street Address 2300 Indianola Ave			Employer/Occupation/Labor Organization* University Area Enrichm Assoc/Executive Director				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43202		M 1	D 0	Y 0	Y 1	Amount \$50.00
Full Name of Contributor David A Dobos						Registration Number, if PAC			
Street Address 8227 Glencree Pl			Employer/Occupation/Labor Organization* IES/President				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43016		M 0	D 8	Y 0	Y 4	Amount \$250.00
Full Name of Contributor Gemma McLuckie						Registration Number, if PAC			
Street Address 2003 Tewksbury Rd			Employer/Occupation/Labor Organization* OSU/Communications Director				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Geri Mohr						Registration Number, if PAC			
Street Address 1134 Weed St			Employer/Occupation/Labor Organization* Homemaker				Form (Cash, Check, etc.) Check		
City New Canaan		State CT <input checked="" type="checkbox"/>	Zip Code 06840		M 0	D 9	Y 1	Y 8	Amount \$200.00
Full Name of Contributor Gregory C Schultz						Registration Number, if PAC			
Street Address 1025 Highland St			Employer/Occupation/Labor Organization* Business Forward/Vice President				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43201		M 0	D 8	Y 1	Y 9	Amount \$75.00
Full Name of Contributor Harriet Hill						Registration Number, if PAC			
Street Address 125 Calle Leandro			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) E transfer		
City Cathedral City		State CA <input checked="" type="checkbox"/>	Zip Code 92270		M 0	D 7	Y 2	Y 9	Amount \$1,000.00

* 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 \$1,775.00