FOR PAPER FILING ONL Par 10/19/13

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

| <u> </u> | | | | | | | _ |
|---|-----------------------------|-----------------------------|--------------|--------------|----------|---------|----------|
| Name of Committee in Full Friends of Carol Mohr | | | | | | | |
| To Whom Paid | | - | М | D | Y | Amount | _ |
| Party City (reimbursed Judit Vass for 1 | 0/19 VISA pmt for Meet the | Candidate event) | 1 0 | 2 1 | 1 3 | \$29.10 | |
| Address | Purpose | | | | | | |
| 2630 Bethel Rd | balloons, i | napkins, other party su | upplies | | | | |
| City | Sta te | Zip Code | 1 | Check Number | | | - |
| Columbus | OH | 43220 | 1028 | 1028 | | | |
| To Whom Paid | | - ••• | M | D | Y | Amount | |
| Panera Bread (reimbursed Judit Vass | for 10/19 VISA pmt for Meet | t the Candidate event) | 1 0 | 2 1 | 1 3 | \$33.98 | |
| Address | Purpose | | | | | | |
| 3278 Tremont Rd | 2 types of | 2 types of Coffee - 2 totes | | | | | |
| City | Sta te | Zip Code | Check Number | | | | ÷ |
| Columbus | OH | 43221 | 1028 | | | | |
| To Whom Paid | | | М | D | Y | Amount | |
| | | | | <u> </u> | <u> </u> | L | _ |
| Address | Purpose | | | | | | |
| City | Sta te | Zip Code | Check 1 | lumber | | | |
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| To Whom Paid | <u> </u> | | М | D | Y- | Amount | = |
| | | | | | 1 | | |
| Address | Purpose | | • | | | • | |
| | Sta te | Zip Code | [Check ! | homber | | | |
| City | OH | Zip Code | Circe | Check Number | | | |
| To Whom Paid | | | M | ΙĎ | ĪΥ | Amount | |
| 10 Wildin au | | | | - | | | |
| Address | Purpose | | | - | | | _ |
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| Čity | Sta te | Zip Code | Check I | lumber | | | |
| | OH | | | | | | |
| To Whom Paid | | | M | D | Y. | Amount | |
| | | | | <u> </u> | | | |
| Address | Purpose | | | | | | |
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| City | State | 1 ' ' | | Vumber | | - | |
| | OH | <u> </u> | | | | | |
| To Whom Paid | | | М | D | Y. | Amount | |
| Address | Purpose | | | ــ.ــ | 1 | | _ |
| , 100, 000 | | | | | | | |
| City | State | Zip Code | Check l | Number | | | -7- |
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Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| \$63.08 | |
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| Page Total S | |