

FOR PAPER FILING ONLY

Print Date	10/19/13
Page	5

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Carol Mohr							
To Whom Paid Party City (reimbursed Judit Vass for 10/19 VISA pmt for Meet the Candidate event)				M	D	Y	Amount
				1	0	2	\$29.10
Address 2630 Bethel Rd		Purpose balloons, napkins, other party supplies					
City Columbus	State OH	Zip Code 43220	Check Number 1028				
To Whom Paid Panera Bread (reimbursed Judit Vass for 10/19 VISA pmt for Meet the Candidate event)				M	D	Y	Amount
				1	0	2	\$33.98
Address 3278 Tremont Rd		Purpose 2 types of Coffee - 2 totes					
City Columbus	State OH	Zip Code 43221	Check Number 1028				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				

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
Page Total \$