



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF CAROL MOHR				
Full Name of Contributor HARRIET ORREN			Registration Number, if PAC	
Street Address 44600 MONTEREY AVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PALM DESERT	State CA	Zip Code 92260	Date (MM/DD/YYYY) 06/24/2017	Amount 1000.00
Full Name of Contributor ROBIN COMFORT			Registration Number, if PAC	
Street Address 3390 LONDON COURT DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/09/2017	Amount 100.00
Full Name of Contributor JUDY BLAKENEY			Registration Number, if PAC	
Street Address 23726 SALVADOR DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City MISSION VIEJO	State CA	Zip Code 92690	Date (MM/DD/YYYY) 09/02/2017	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]