



Statement of Contributions Received

Form 31-A

ORC 3517.10

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|--|-------------|---|---------------------------------|-----------------------------------|
| 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)]