

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 Sandra N Friedman				Registration Number, if PAC		
Street Address 1243 Clubview Blvd N		Employer/Occupation/Labor Organization* Office of the Attorney Gen.OH/Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43235	M 1	D 0	Y 0	Amount \$30.00
Full Name of Contributor Stanley H Gelles				Registration Number, if PAC		
Street Address 2485 Wimbledon Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	M 0	D 7	Y 3	Amount \$100.00
Full Name of Contributor Stephanie Cartwright				Registration Number, if PAC		
Street Address 2280 Canterbury Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	M 0	D 9	Y 3	Amount \$200.00
Full Name of Contributor Susan M Perez				Registration Number, if PAC		
Street Address 1860 Tremont Rd		Employer/Occupation/Labor Organization* OSU/Graduate Research Assistant			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43212	M 1	D 0	Y 3	Amount \$50.00
Full Name of Contributor Timothy W Newcome				Registration Number, if PAC		
Street Address 2328 Arlington Ave		Employer/Occupation/Labor Organization* Newcome Electronics Systems/CEO			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	M 1	D 0	Y 3	Amount \$30.00
Full Name of Contributor Total contributions from Form 31-E: 09/10/13 fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M 0	D 9	Y 3	Amount \$605.00
Full Name of Contributor Total contributions from Form 31-E: 09/18/13				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M 0	D 9	Y 3	Amount \$395.00
Full Name of Contributor Total contributions from Form 31-E: 09/24/13				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M 0	D 9	Y 3	Amount \$290.00

* 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 **\$1,700.00**