

# 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 Betty Klapper					Registration Number, if PAC		
Street Address 3321 Mansion Way		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Y 1	Amount \$25.00
Full Name of Contributor Robin Hess Comfort					Registration Number, if PAC		
Street Address 2275 Onandaga Dr		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Douglas Jay Cohen					Registration Number, if PAC		
Street Address 65 S Stanwood Rd		Employer/Occupation/Labor Organization* Screen Machine Industries/Engineer			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 2	Y 1	Amount \$20.00
Full Name of Contributor Jacqueline Gargus					Registration Number, if PAC		
Street Address 2667 Canterbury Rd		Employer/Occupation/Labor Organization* School of Architecture of OSU/Assistant Professor			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Sherry L Girves					Registration Number, if PAC		
Street Address 5041 Greensboro Ct		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 1	Y 0	Y 4	Amount \$50.00
Full Name of Contributor Rosanne A Goldhammer					Registration Number, if PAC		
Street Address 1987 Chatfield Rd		Employer/Occupation/Labor Organization* Access 2 Interpreters/Medical-Legal Interpreter			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 1	Y 0	Y 4	Amount \$50.00
Full Name of Contributor Rachel M Thurston					Registration Number, if PAC		
Street Address 441 Woodglen Ct		Employer/Occupation/Labor Organization* Batelle/Principal Research Scientist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 0	Y 4	Amount \$50.00
Full Name of Contributor Charles J Billerbeck					Registration Number, if PAC		
Street Address 1500 Zollinger Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 1	Y 0	Y 4	Amount \$10.00

\* 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 **\$405.00**