

FOR PAPER FILING ONLY

Event Date 09/10/13

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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 Carol Mohr for 09/09/13 VISA payment)				M 1	D 0	Y 1	Amount \$43.80
Address 2630 Bethel Rd		Purpose Party supplies (cups, balloons, etc) for event					
City Columbus	State OH	Zip Code 43220	Check Number 1027				
To Whom Paid Walmart (reimbursed Carol Mohr for 09/10/13 VISA payment)				M 1	D 0	Y 1	Amount \$37.98
Address 2700 Bethel Rd		Purpose Cookies, and other food items for event					
City Columbus	State OH	Zip Code 43220	Check Number 1027				
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.

\$81.78

Page Total \$