

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/05

Event Date 03/02/2015  
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Name of Committee in Full Friends of Mary Jo Hudson				
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$50.00
City Columbus	State OH	Zip Code 43220-2605	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dodd for Ohio			Registration Number, if PAC	
Street Address 256 Wilshire Dr	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$50.00
City Hebron	State OH	Zip Code 43025-9420	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Fergus			Registration Number, if PAC	
Street Address 5586 Dundon Ct	Employer/Occupation/Labor Organization* Owner MAG		M 03	D 02
			Y 15	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017-8609	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Fletcher			Registration Number, if PAC	
Street Address 334 E Royal Forest Blvd	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$50.00
City Columbus	State OH	Zip Code 43214-2130	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Amy Flowers			Registration Number, if PAC	
Street Address 825 N 4th St	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$50.00
City Columbus	State OH	Zip Code 43215-1862	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Amanda Freeland			Registration Number, if PAC	
Street Address 120 W Prescott St	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$50.00
City Columbus	State OH	Zip Code 43215-1437	Form (Cash, Check, etc.) Check	
Full Name of Contributor R Haghiri Ghazvini			Registration Number, if PAC	
Street Address 955 Delaware Ave	Employer/Occupation/Labor Organization*		M 03	D 02
			Y 15	Amount \$25.00
City Columbus	State OH	Zip Code 43201-3322	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Ronald Guisinger			Registration Number, if PAC	
Street Address 1860 Bluff Ave	Employer/Occupation/Labor Organization* Benefactor Sr. Consultant		M 03	D 02
			Y 15	Amount \$150.00
City Columbus	State OH	Zip Code 43212-3224	Form (Cash, Check, etc.) Credit Card	