## **Statement of Contributions Received**

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Prescribed by Secretary of State 3/05

Name of Committee in Full			•				
Friends of Mary Jo Hudson							
Full Name of Contributor  David Martin			Regi	stratio	on Num	ber, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
1535 Trentwood Rd	ĺ					Check	
City Columbus	State OH	Zip Code 43221-2251	M 11	D 07	Y 15	Amount \$100.00	
Full Name of Contributor LeeAnn Massucci	Registration Number					ber, if PAC	
Street Address 2509 Canterbury Rd	Employ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221-3081	M 10	D 31	Y 15	Amount \$100.00	
Full Name of Contributor Yvette McGee Brown  Registration Num						per, if PAC	
Street Address 643 Crossing Crk S	Jones	Employer/Occupation/Labor Organization Jones Day Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43230-6114	M 10	D 29	Y 15	Amount \$250.00	
Full Name of Contributor Elizabeth Miller	Registration Number, if PAC						
Street Address 53 1/2 E 1st Ave	Employ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201-2469	M 10	D 15	Y 15	Amount \$100.00	
Full Name of Contributor Jill Murphey	Full Name of Contributor Registration Number, if PAC					per, if PAC	
Street Address 511 Deer Run Ct	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH	Zip Code 43081-3278	M 10	D 27	Y 15	Amount \$100.00	
Full Name of Contributor  Elliot Neufeld  Registration Number, if PAC						oer, if PAC	
Street Address 971 Neil Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43201-3434	M 10	D 15	Y 15	Amount \$100.00	
Full Name of Contributor MARY O'SHAUGHNESSY		**			n Numb	per, if PAC	
Street Address 279 Piedmont Rd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214-3813	M 10	D 15	Y 15	Amount \$100.00	
Full Name of Contributor Rachel Orosz			Regis	tratio	n Numb	per, if PAC	
Street Address 544 E Royal Forest Blvd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214-1812	M	D 17	Y 15	Amount \$100.00	

Page Total	\$950.00
1	

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]