## **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 Jules Garel	Registration Number, if PAC					
Street Address 12 Lyonsgate	Employer/Occupation/Labor Organization* Bailey Cavalleri Attorney				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1481	M 10	D 25	Y 15	Amount \$250.00
Full Name of Contributor Russell Goodwin	putor Registration Nu					per, if PAC
Street Address 103 E 1st Ave	Employer/Occupation/Labor Organization* Henry Schein Animal Health Sales				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201-2469	M 10	D 15	Y 15	Amount \$150.00
Full Name of Contributor Jolene Griffith	Registration Num				n Numt	per, if PAC
Street Address 5264 Longrifle Rd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH	Zip Code 43081-4462	M 10	D 30	Υ 15	Amount \$50.00
Full Name of Contributor Richard Harrison	Registration Number, if PAC					
Street Address 35 E Russell St	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-2036	M 10	D 15	Y 15	Amount \$25.00
Full Name of Contributor  Bill Hedrick  Registration Number, if PAC						
Street Address 535 W 1st Ave	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-1101	M 10	D 15	Y 15	Amount \$100.00
Full Name of Contributor  Kristin Long  Registration Number, if PAC						
Street Address 443 Garden Rd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214-2234	M 10	D 15	Y 15	Amount \$100.00
Full Name of Contributor Harlan Louis	Registration Num					oer, if PAC
Street Address 6140 Hilltop Trail Dr					Form (Cash, Check, etc.) Credit Card	
City New Albany	State OH	Zip Code 43054-9070	M 10	D 28	Y 15	Amount \$100.00
Full Name of Contributor Nancy Manougan Registration Number					per, if PAC	
Street Address 5857 Leven Links Ct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017-8542	M 11	D 07	Y 15	Amount \$25.00

Page Total	\$800.00

<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)]