

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mary Jo Hudson							
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43215	M 10	D 16	Y 15 Amount \$250.00
Full Name of Contributor Teachers for Better Schools						Registration Number, if PAC	
Street Address 929 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43205-1101	M 10	D 21	Y 15 Amount \$5,000.00
Full Name of Contributor Deb Turnbull						Registration Number, if PAC	
Street Address 379 Electric Ave			Employer/Occupation/Labor Organization* Porter Wright A/R Coordinator			Form (Cash, Check, etc.) Check	
City Westerville			State OH	Zip Code 43081-2687	M 10	D 15	Y 15 Amount \$250.00
Full Name of Contributor Holly Wallinger						Registration Number, if PAC	
Street Address 706 Whithorn Ct			Employer/Occupation/Labor Organization* Bailey Cavallieri Attorney			Form (Cash, Check, etc.) Check	
City Westerville			State OH	Zip Code 43081-3771	M 10	D 30	Y 15 Amount \$500.00
Full Name of Contributor Joseph Zuckerman						Registration Number, if PAC	
Street Address 313 Frankfort Sq			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus			State OH	Zip Code 43206-1061	M 10	D 26	Y 15 Amount \$2.00

* 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 appear. [R.C. 3517.10(B)(4)]