

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

Prescribed by Secretary of State 3/05

Event Date <u>03/02/2015</u>	Kitchen 3/2
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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	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$50.00
City Columbus		State OH	Zip Code 43215-1437		Form (Cash, Check, etc.) Check		
Full Name of Contributor R Haghini Ghazvini				Registration Number, if PAC			
Street Address 955 Delaware Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	02	15	\$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	D	Y	Amount
				03	02	15	\$150.00
City Columbus		State OH	Zip Code 43212-3224		Form (Cash, Check, etc.) Credit Card		