

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 LaDonna Parris					Registration Number, if PAC		
Street Address 33 Victorian Gate Way			Employer/Occupation/Labor Organization* best effort best effort			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43215-1682	M 10	D 25	Y 15	Amount \$250.00
Full Name of Contributor Donald Paynter					Registration Number, if PAC		
Street Address 2635 Andover Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221-3203	M 10	D 30	Y 15	Amount \$100.00
Full Name of Contributor Mary Quick					Registration Number, if PAC		
Street Address 134 Garden Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214-2159	M 10	D 15	Y 15	Amount \$50.00
Full Name of Contributor Martyn Redgrave					Registration Number, if PAC		
Street Address 7416 Lambton Grn N			Employer/Occupation/Labor Organization* Limited Brands Senior Advisor			Form (Cash, Check, etc.) Credit Card	
City New Albany		State OH	Zip Code 43054-7103	M 10	D 23	Y 15	Amount \$250.00
Full Name of Contributor Robert Sanders					Registration Number, if PAC		
Street Address 1324 Haines Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43212-3548	M 10	D 30	Y 15	Amount \$25.00
Full Name of Contributor Brian Shinn					Registration Number, if PAC		
Street Address 137 Morse Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214-1743	M 10	D 15	Y 15	Amount \$100.00
Full Name of Contributor Jeff Smith					Registration Number, if PAC		
Street Address 773 Dennison Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43215-1364	M 10	D 16	Y 15	Amount \$100.00
Full Name of Contributor John Sowers					Registration Number, if PAC		
Street Address 636 Lexington Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Thornville		State OH	Zip Code 43076-9348	M 10	D 15	Y 15	Amount \$100.00

* 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)]