

## 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 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 03	D 02	Y 15	Amount \$50.00	
Full Name of Contributor Michael Marino					Registration Number, if PAC		
Street Address PO Box 2805		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH	Zip Code 43086-2805	M 02	D 25	Y 15	Amount \$100.00	
Full Name of Contributor Daniel McCarthy					Registration Number, if PAC		
Street Address 4355 Shelbourne Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43220-4243	M 02	D 23	Y 15	Amount \$100.00	
Full Name of Contributor Yvette McGee Brown					Registration Number, if PAC		
Street Address 643 Crossing Crk S		Employer/Occupation/Labor Organization* Jones Day Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43230-6114	M 03	D 18	Y 15	Amount \$250.00	
Full Name of Contributor Lana Moresky					Registration Number, if PAC		
Street Address 14312 Shaker Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Shaker Hts	State OH	Zip Code 44120-1609	M 02	D 18	Y 15	Amount \$50.00	
Full Name of Contributor Nora Mullen					Registration Number, if PAC		
Street Address 109 W Pacemont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43202-1011	M 03	D 01	Y 15	Amount \$50.00	
Full Name of Contributor Nationwide Mutual Insurance PAC					Registration Number, if PAC c0076179		
Street Address 1 Nationwide Plz		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-2226	M 04	D 05	Y 15	Amount \$2,500.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC					Registration Number, if PAC LA1269		
Street Address 6805 Oak Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229-1501	M 04	D 01	Y 15	Amount \$2,000.00	

\* 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)]

Page Total \$5,100.00