

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 Dana Rudmose						Registration Number, if PAC	
Street Address 5203 Darry Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016-4347	M 02	D 20	Y 15	Amount \$100.00	
Full Name of Contributor Sarah Schroeder						Registration Number, if PAC	
Street Address 3830 Braidwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Hilliard	State OH	Zip Code 43026-2440	M 02	D 25	Y 15	Amount \$100.00	
Full Name of Contributor Pamela Springer						Registration Number, if PAC	
Street Address 4715 Olentangy Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214-2500	M 02	D 19	Y 15	Amount \$100.00	
Full Name of Contributor The Limited, Inc, Ohio Political Action Committee #CP809						Registration Number, if PAC	
Street Address 3 Limited Pkwy			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230-1467	M 03	D 21	Y 15	Amount \$2,500.00	
Full Name of Contributor Susan Tomasky						Registration Number, if PAC	
Street Address 90 Ashbourne Rd			Employer/Occupation/Labor Organization* None Retired			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1451	M 03	D 08	Y 15	Amount \$250.00	
Full Name of Contributor Lawrence Turyn						Registration Number, if PAC	
Street Address 320 Pleasant St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Yellow Springs	State OH	Zip Code 45387-2017	M 03	D 04	Y 15	Amount \$100.00	
Full Name of Contributor Vorys Sater and Pease Advocate for Effective Public Administration						Registration Number, if PAC OH109	
Street Address 52 E Gay St PO Box 1008			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-3108	M 03	D 21	Y 15	Amount \$500.00	
Full Name of Contributor Natalie Wolff						Registration Number, if PAC	
Street Address 1145 N High St Unit 206			Employer/Occupation/Labor Organization* Student Student			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43201-2476	M 02	D 25	Y 15	Amount \$500.00	

* 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 \$4,150.00