

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 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			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43201-2476	M 02	D 25	Y 15	Amount \$500.00
Full Name of Contributor Kitchen 3/2- Total contributions from Form no. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 03	D 02	Y 15	Amount \$7,100.00
Full Name of Contributor Miranova Event- Total contributions from Form no. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 03	D 09	Y 15	Amount \$7,850.00

* 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 \$16,050.00