

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 Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 16	Y 15	Amount \$250.00	
Full Name of Contributor Teachers for Better Schools					Registration Number, if PAC		
Street Address 929 E Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205-1101	M 10	D 21	Y 15	Amount \$5,000.00	
Full Name of Contributor Deb Turnbull					Registration Number, if PAC		
Street Address 379 Electric Ave		Employer/Occupation/Labor Organization* Porter Wright A/R Coordinator			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081-2687	M 10	D 15	Y 15	Amount \$250.00	
Full Name of Contributor Holly Wallinger					Registration Number, if PAC		
Street Address 706 Whithorn Ct		Employer/Occupation/Labor Organization* Bailey Cavallieri Attorney			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081-3771	M 10	D 30	Y 15	Amount \$500.00	
Full Name of Contributor Joseph Zuckerman					Registration Number, if PAC		
Street Address 313 Frankfort Sq		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43206-1061	M 10	D 26	Y 15	Amount \$2.00	

* 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 \$6,002.00