

## 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 Monica Kridler					Registration Number, if PAC		
Street Address 2355 Brixton Rd 2355 Brixton Rd		Employer/Occupation/Labor Organization* Momentum Founder			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43221-3119	M 09	D 28	Y 15	Amount \$200.00	
Full Name of Contributor Laura MacDonald					Registration Number, if PAC		
Street Address 3864 Mountview Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43220-4804	M 10	D 04	Y 15	Amount \$100.00	
Full Name of Contributor Ty Marsh					Registration Number, if PAC		
Street Address 57 Riverview Park Dr		Employer/Occupation/Labor Organization* Ty Marsh Associates Principal			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214-2022	M 09	D 24	Y 15	Amount \$150.00	
Full Name of Contributor Elisabeth Mattimoe					Registration Number, if PAC		
Street Address 1234 Newark Granville Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State OH	Zip Code 43023-1459	M 09	D 18	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 09	D 18	Y 15	Amount \$500.00	
Full Name of Contributor Sandra Neely					Registration Number, if PAC		
Street Address 4931 Mead Way Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054-9697	M 09	D 18	Y 15	Amount \$100.00	
Full Name of Contributor Daniel O'Connor					Registration Number, if PAC		
Street Address 464 Northridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214-3330	M 09	D 16	Y 15	Amount \$25.00	
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 06	D 12	Y 15	Amount \$2,500.00	

\* 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 \$3,625.00