

## 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 Jeanne Heald					Registration Number, if PAC		
Street Address 7979 Riverside Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State OH	Zip Code 43016-8234	M 09	D 14	Y 15	Amount \$100.00	
Full Name of Contributor Katharine Bowman					Registration Number, if PAC		
Street Address 845 Yard St		Employer/Occupation/Labor Organization* Bailey Cavalieri Attorney			Form (Cash, Check, etc.) Credit Card		
City Grandview	State OH	Zip Code 43212-3896	M 09	D 15	Y 15	Amount \$500.00	
Full Name of Contributor LG Loomis					Registration Number, if PAC		
Street Address 300 W Spring St Unit 1302		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43215-7657	M 09	D 16	Y 15	Amount \$25.00	
Full Name of Contributor Susan tomasky					Registration Number, if PAC		
Street Address 90 Ashbourne Rd		Employer/Occupation/Labor Organization* Nohe Retired			Form (Cash, Check, etc.) Credit Card		
City Bexley	State OH	Zip Code 43209-1451	M 09	D 16	Y 15	Amount \$250.00	
Full Name of Contributor Ronald Guisinger					Registration Number, if PAC		
Street Address 1860 Bluff Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43212-3224	M 09	D 16	Y 15	Amount \$100.00	
Full Name of Contributor Matt Habash					Registration Number, if PAC		
Street Address 1434 Club View Dr		Employer/Occupation/Labor Organization* Mid Ohio Food Bank President			Form (Cash, Check, etc.) Credit Card		
City Grove City	State OH	Zip Code 43123-7622	M 09	D 16	Y 15	Amount \$250.00	
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 Gregory Overmyer					Registration Number, if PAC		
Street Address 2667 Sandover Rd		Employer/Occupation/Labor Organization* Overmyer Associates CEO			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43220-2868	M 09	D 16	Y 15	Amount \$150.00	

\* 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 \$1,400.00