

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 Peter Cass					Registration Number, if PAC		
Street Address 305 Olentangy St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202-2342	M 10	D 30	Y 15	Amount \$100.00	
Full Name of Contributor Anne B Casto					Registration Number, if PAC		
Street Address 240 Westview Ave		Employer/Occupation/Labor Organization* Casto Consulting Owner			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214-1428	M 10	D 15	Y 15	Amount \$200.00	
Full Name of Contributor Citizens for Bishoff					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-4801	M 11	D 01	Y 15	Amount \$250.00	
Full Name of Contributor Sheila A. Clark Esq.					Registration Number, if PAC		
Street Address 1500 W 3rd Ave Ste 310		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43212-2818	M 10	D 26	Y 15	Amount \$100.00	
Full Name of Contributor Jennifer Cordle					Registration Number, if PAC		
Street Address 43 E Beck St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-5727	M 10	D 30	Y 15	Amount \$100.00	
Full Name of Contributor Yvette Cox					Registration Number, if PAC		
Street Address 446 Maplebrooke Dr W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082-8619	M 10	D 30	Y 15	Amount \$100.00	
Full Name of Contributor Christine Cozad					Registration Number, if PAC		
Street Address 2628 N 4th St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202-2404	M 10	D 15	Y 15	Amount \$100.00	
Full Name of Contributor Elizabeth Crane					Registration Number, if PAC		
Street Address 279 N Columbia Ave		Employer/Occupation/Labor Organization* Retired Retired			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43209-1417	M 10	D 23	Y 15	Amount \$1,000.00	

* 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 \$1,950.00