Statement of Contributions Received

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Prescribed by Secretary of State 3/05

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Name of Committee in Full						-	
Friends of Mary Jo Hudson							
Full Name of Contributor Jules Garel			Regi	Registration Number, if PAC			
Street Address	Employ	rer/Occupation/Labor (Transian	tion			
12 Lyonsgate		Employer/Occupation/Labor O Bailey Cavalieri Attorney				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1481	M 10	D 25	Y 15	Amount \$250.00	
Full Name of Contributor Russell Goodwin			_			ber, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization Form (Cash, Check, etc.) Henry Schein Animal Health					
103 E 1st Ave	Sales	Sales				Check	
City Columbus	State OH	Zip Code 43201-2469	10	D 15	15	Amount \$150.00	
Full Name of Contributor Jolene Griffith		Registration Nu				ber, if PAC	
Street Address 5264 Longrifle Rd	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH	Zip Code 43081-4462	M 10	D 30	Y 15	Amount \$50.00	
Full Name of Contributor Richard Harrison	Registration Number, if PAC						
Street Address 35 E Russell St	Employ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-2036	M 10	D 15	Y 15	Amount \$25.00	
Full Name of Contributor Bill Hedrick	<u> </u>			Registration Number, if PAC			
Street Address 535 W 1st Ave	Employ	Employer/Occupation/Labor Or				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-1101	M 10	D 15	Y 15	Amount \$100,00	
Full Name of Contributor Kristin Long	Registration Number, if PAC						
Street Address 443 Garden Rd	Employ	Employer/Occupation/Labor Organizat				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214-2234	M 10	D 15	Y 15	Amount \$100.00	
Full Name of Contributor Harlan Louis	Registration Number, if PAC						
Street Address 6140 Hilltop Trail Dr	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.) Credit Card	
City New Albany	State OH	Zip Code 43054-9070	M 10	D 28	Y 15	Amount \$100.00	
Full Name of Contributor Nancy Manougan	Registration Num				_		
Street Address 5857 Leven Links Ct	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017-8542	M	D 07	Y 15	Amount \$25.00	

^{*} 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)]