

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 Marilyn Tomasi					Registration Number, if PAC		
Street Address 160 N Wall St Apt 304		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43215-2847	M 09	D 17	Y 15	Amount \$100.00	
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 Douglas Anderson					Registration Number, if PAC		
Street Address 1428 Park Ridge Dr		Employer/Occupation/Labor Organization* Bailey Cavalleh Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43235-1141	M 09	D 20	Y 15	Amount \$500.00	
Full Name of Contributor Barbara K. Brandt					Registration Number, if PAC		
Street Address 2333 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209-2103	M 09	D 23	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 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	

* 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 \$1,700.00