

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 Liz Balk					Registration Number, if PAC		
Street Address 856 Thomas Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43212-3715	M 04	D 15	Y 15	Amount \$25.00
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 03	D 01	Y 15	Amount \$500.00
Full Name of Contributor Laura Colbert					Registration Number, if PAC		
Street Address 544 E Royal Forest Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43214-1812	M 03	D 03	Y 15	Amount \$100.00
Full Name of Contributor Ann Crane					Registration Number, if PAC		
Street Address 3600 Kitzmiller Rd			Employer/Occupation/Labor Organization* The Crane Group President			Form (Cash, Check, etc.) Credit Card	
City New Albany		State OH	Zip Code 43054-9776	M 02	D 23	Y 15	Amount \$5,000.00
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 02	D 24	Y 15	Amount \$2,500.00
Full Name of Contributor Jamie Crane					Registration Number, if PAC		
Street Address 2289 Onandaga Dr			Employer/Occupation/Labor Organization* None Community Advocate			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43221-3689	M 02	D 23	Y 15	Amount \$1,000.00
Full Name of Contributor Marcie Delia					Registration Number, if PAC		
Street Address 758 Hamlet St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43215-1536	M 02	D 26	Y 15	Amount \$75.00
Full Name of Contributor Stacia Edwards,					Registration Number, if PAC		
Street Address 176 E Torrence Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43214-3834	M 03	D 21	Y 15	Amount \$50.00

* 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 \$9,250.00