

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 David Fogarty					Registration Number, if PAC		
Street Address 2770 Berkshire Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Cleveland Heights	State OH	Zip Code 44106-3363	M 08	D 22	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 Cavalieri 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 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 LYNN GREER					Registration Number, if PAC		
Street Address 1014 Saturn Ct		Employer/Occupation/Labor Organization* Makin' things happen Owner			Form (Cash, Check, etc.) Credit Card		
City Incline Village	State NV	Zip Code 89451-8714	M 08	D 31	Y 15	Amount \$1,000.00	
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 Susan tomasky					Registration Number, if PAC		
Street Address 90 Ashbourne Rd		Employer/Occupation/Labor Organization* None 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 Winifred Ogle					Registration Number, if PAC		
Street Address 1669 Roxbury Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43212-1957	M 09	D 08	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	

* 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 \$2,575.00