

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 James Elliot					Registration Number, if PAC		
Street Address 2546 Bexley Park Rd		Employer/Occupation/Labor Organization* Spirit Services Manager			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43209-2125	M 03	D 05	Y 15	Amount \$1,000.00	
Full Name of Contributor Paul Feeney					Registration Number, if PAC		
Street Address 158 Buttles Ave		Employer/Occupation/Labor Organization* Oracle Sales			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43215-1402	M 03	D 13	Y 15	Amount \$500.00	
Full Name of Contributor Diane Fisher					Registration Number, if PAC		
Street Address 3474 N High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214-4056	M 03	D 08	Y 15	Amount \$50.00	
Full Name of Contributor Michael Gonsiorowski					Registration Number, if PAC		
Street Address 2666 Brentwood Rd		Employer/Occupation/Labor Organization* PNC Executive			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209-2111	M 03	D 09	Y 15	Amount \$150.00	
Full Name of Contributor Mary Jo Hudson					Registration Number, if PAC		
Street Address 955 Delaware Ave		Employer/Occupation/Labor Organization* Bailey Cavalieri Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201-3322	M 02	D 03	Y 15	Amount \$1,000.00	
Full Name of Contributor Huntington Bancshares Inc PAC					Registration Number, if PAC c0165589		
Street Address 41 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-6170	M 04	D 07	Y 15	Amount \$3,000.00	
Full Name of Contributor Amy Kessler					Registration Number, if PAC		
Street Address 356 Rosslyn Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214-1446	M 02	D 24	Y 15	Amount \$50.00	
Full Name of Contributor Monica Lindeen					Registration Number, if PAC		
Street Address 2609 Gold Rush Ave		Employer/Occupation/Labor Organization* State of Montana Insurance Commissioner			Form (Cash, Check, etc.) Credit Card		
City Helena	State MT	Zip Code 59601-5622	M 03	D 08	Y 15	Amount \$250.00	

* 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 \$6,000.00