

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 Mike Curtin					Registration Number, if PAC		
Street Address 1370 Cambridge Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212-3207	M 10	D 07	Y 15	Amount \$100.00	
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 10	D 07	Y 15	Amount \$50.00	
Full Name of Contributor Joel Diaz					Registration Number, if PAC		
Street Address 164 E Maynard Ave		Employer/Occupation/Labor Organization* AIDS Resource Center CDO			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43202-3057	M 10	D 08	Y 15	Amount \$200.00	
Full Name of Contributor Katharine Bowman					Registration Number, if PAC		
Street Address 845 Yard St		Employer/Occupation/Labor Organization* Bailey Cavaleh Attorney			Form (Cash, Check, etc.) Credit Card		
City Grandview	State OH	Zip Code 43212-3896	M 10	D 14	Y 15	Amount \$500.00	
Full Name of Contributor 9,16 ACC- Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 09	D 16	Y 15	Amount \$450.00	

* 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 \$1,300.00