

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 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 10 | D 14 | 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 Charlie Breitstadt | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City | | State | Zip Code | M 09 | D 09 | Y 15 | Amount \$100.00 |
| Full Name of Contributor Central Ohio Realtors Political Action Committee | | | | | | Registration Number, if PAC Local PAC | |
| Street Address 2700 Airport Dr | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43219-2268 | M 10 | D 01 | Y 15 | Amount \$3,000.00 |
| 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 Edward Feighan | | | | | | Registration Number, if PAC | |
| Street Address 845 N High St | | Employer/Occupation/Labor Organization* Covius CEO | | | | Form (Cash, Check, etc.) Credit Card | |
| City Columbus | | State OH | Zip Code 43215-6431 | M 10 | D 02 | Y 15 | Amount \$1,000.00 |

* 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 \$5,050.00