

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* Sprint 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 Feeny					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)]