

### 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 Liz Balk				Registration Number, if PAC		
Street Address 856 Thomas Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43212-3715	M 04	D 15	Y 15	Amount \$25.00
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 03	D 01	Y 15	Amount \$500.00
Full Name of Contributor Laura Colbert				Registration Number, if PAC		
Street Address 544 E Royal Forest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214-1812	M 03	D 03	Y 15	Amount \$100.00
Full Name of Contributor Ann Crane				Registration Number, if PAC		
Street Address 3600 Kitzmiller Rd		Employer/Occupation/Labor Organization* The Crane Group President			Form (Cash, Check, etc.) Credit Card	
City New Albany	State OH	Zip Code 43054-9776	M 02	D 23	Y 15	Amount \$5,000.00
Full Name of Contributor Elizabeth Crane				Registration Number, if PAC		
Street Address 279 N Columbia Ave		Employer/Occupation/Labor Organization* Retired Retired			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1417	M 02	D 24	Y 15	Amount \$2,500.00
Full Name of Contributor Jamie Crane				Registration Number, if PAC		
Street Address 2289 Onandaga Dr		Employer/Occupation/Labor Organization* None Community Advocate			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221-3689	M 02	D 23	Y 15	Amount \$1,000.00
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 02	D 26	Y 15	Amount \$75.00
Full Name of Contributor Stacia Edwards,				Registration Number, if PAC		
Street Address 176 E Torrence Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214-3834	M 03	D 21	Y 15	Amount \$50.00

\* 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)]