31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 3/05

Event Date	03/02/2015
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Name of Committee in Full Friends of Mary Jo Hudson									
Full Name of Contributor Sarah Lynn				Registration Number, if PAC					
Street Address 175 S Roosevelt Ave	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.00		
City Columbus	State				Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC					
Street Address 1538 Melrose Ave	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$50.00		
City Columbus	State OH	Zip Code 43224-4210	Form Chec		heck, et	tc.)			
Full Name of Contributor Julia McDevitt					Registration Number, if PAC				
Street Address 8323 Linton Blvd	Employer/C	Occupation/Labor Organization*	M 03	D 02	Y 15	Amount	\$100.00		
City Columbus	State OH	Zip Code 43235-8434	Form Chec		L Check, et	c.)			
Full Name of Contributor Shana Mershon				Registration Number, if PAC					
Street Address 1061 City Park Ave	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25.00		
City Columbus	State OH	1 · · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.) Credit Card				
Full Name of Contributor Carson Miller		40200 2007			umber,	if PAC			
Street Address 67 E Kossuth St Apt A	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25.00		
City Columbus	State OH	Zip Code 43206-2039		(Cash, C t Card	Check, et	c.)			
Full Name of Contributor Elizabeth Miller			Regis	tration N	lumber,	if PAC			
Street Address 125 Grunwell St	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.00		
City Columbus	State OH	Zip Code 43201-3644	Form Credi	L (Cash, C t Card	heck, etc	c.)			
Full Name of Contributor Daniel O'Connor	**************************************	<u> </u>			Registration Number, if PAC				
Street Address 464 Northridge Rd	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25.00		
City Columbus	State OH				Form (Cash, Check, etc.) Credit Card				
Full Name of Contributor MARY O'SHAUGHNESSY					Registration Number, if PAC				
Street Address 279 Piedmont Rd	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.00		
City Columbus	State OH	Zip Code 43214-3813	Form ((Cash, C t Card	heck, etc	c.)			