

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

Event Date	03/02/2015
Page	14
Kitchen	3/2

Name of Committee in Full Friends of Mary Jo Hudson						
Full Name of Contributor Richard Adam Ward			Registration Number, if PAC			
Street Address 834 Hamlet St	Employer/Occupation/Labor Organization*		M 03	D 02	Y 15	Amount \$50.00
City Columbus	State OH	Zip Code 43215-1536	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan White			Registration Number, if PAC			
Street Address 240 Westview Ave	Employer/Occupation/Labor Organization*		M 03	D 02	Y 15	Amount \$100.00
City Columbus	State OH	Zip Code 43214-1428	Form (Cash, Check, etc.) Check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
\$7,200.00

Total expenditures this event.
\$0.00

Page Total \$ 150.00