

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/05

Event Date 09/16/2015
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Name of Committee in Full Friends of Mary Jo Hudson				
Full Name of Contributor Kevin Baron			Registration Number, if PAC	
Street Address 415 Whitley Dr	Employer/Occupation/Labor Organization*		M 09	D 16
			Y 15	Amount \$100.00
City Gahanna	State OH	Zip Code 43230-3636	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurie Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization*		M 09	D 16
			Y 15	Amount \$100.00
City Columbus	State OH	Zip Code 43214-2022	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melinda Swan			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 09	D 16
		Collective Genius CEO	Y 15	Amount \$250.00
City	State	Zip Code	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
\$450.00

Total expenditures this event.
\$0.00

Page Total \$ 450.00