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
Page	11	Kitchen 3/2

Friends of Mary Jo Hudson		•						
Full Name of Contributor Sarah Lynn	Registration Number, if PAC							
Street Address 175 S Roosevelt Ave	SWA	Employer/Occupation/Labor Organization* SWA Deputy Chief Legal Officer		D 02	Y 15	Amount	\$125.0	
City Columbus	State OH	1 1 .			Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey Mackey	•		Regist	ration N	lumber,	if PAC		
Street Address 1538 Melrose Ave	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$50.0	
City Columbus	State OH				Form (Cash, Check, etc.) Check			
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	\$100.0	
City Columbus	State OH	Zip Code 43235-8434	Form (Cash, Check, etc.)					
Full Name of Contributor Shana Mershon	Registration Number, if PAC							
Street Address 1061 City Park Ave	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25.0	
City Columbus	State OH	Zip Code 43206-2607	Form Credi	(Cash, C t Card	L Check, et	c.)		
Full Name of Contributor Carson Miller			Regis	tration N	lumber,	if PAC		
Street Address 67 E Kossuth St Apt A	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25.0	
City Columbus	State OH	Zip Code 43206-2039	Form Credi	(Cash, C t Card	Check, et	c.) ′ (🚜		
Full Name of Contributor Elizabeth Miller			Regis	tration l	Number,	if PAC		
Street Address 125 Grunwell St	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.0	
City Columbus	State OH	Zip Code 43201-3644	Form Credi	(Cash, 0 t Card	I Check, et	c.)		
Full Name of Contributor Daniel O'Connor	Registration Number, if PAC							
Street Address 464 Northridge Rd	Employer/6	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$25,0	
City · Columbus	State OH	•			Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor MARY O'SHAUGHNESSY			Regis	tration ?	Number,	if PAC		
Street Address 279 Piedmont Rd	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.0	
City Columbus	State OH	•		(Cash, (Check, e	(c.)	-11.	
								