

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

Event Date	03/09/2015
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Miranova Event	

Name of Committee in Full Friends of Mary Jo Hudson				
Full Name of Contributor Ty Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization* Ty Marsh Associates Principal		M 03	D 09
		Y 15	Amount \$250.00	
City Columbus	State OH	Zip Code 43214-2022	Form (Cash, Check, etc.) Check	
Full Name of Contributor L. Jeanne Mativi			Registration Number, if PAC	
Street Address 1237 Dublin Rd	Employer/Occupation/Labor Organization* Solutions Staffing Owner		M 03	D 09
		Y 15	Amount \$500.00	
City Columbus	State OH	Zip Code 43215-7000	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sandra Neely			Registration Number, if PAC	
Street Address 4931 Mead Way Dr	Employer/Occupation/Labor Organization*		M 03	D 09
			Y 15	Amount \$100.00
City New Albany	State OH	Zip Code 43054-9697	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pizzuti Pac/OH 12-60			Registration Number, if PAC	
Street Address 2 Miranova Pl Ste 800	Employer/Occupation/Labor Organization*		M 03	D 09
			Y 15	Amount \$500.00
City Columbus	State OH	Zip Code 43215-5098	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Trueman			Registration Number, if PAC	
Street Address 5490 Hayden Run Rd	Employer/Occupation/Labor Organization* Best Effort Best Effort		M 03	D 09
			Y 15	Amount \$1,000.00
City Hilliard	State OH	Zip Code 43026-7789	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
\$7,850.00

Total expenditures this event.
\$0.00

Page Total \$ 2,350.00