

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

Prescribed by Secretary of State 3/05

Event Date <u>03/09/2015</u>
Miranova Event
Page <u>15</u>

Name of Committee in Full Friends of Mary Jo Hudson						
Full Name of Contributor Sandy Anderson			Registration Number, if PAC			
Street Address 7677 Riverside Dr	Employer/Occupation/Labor Organization* None Retired		M 03	D 09	Y 15	Amount \$500.00
City Dublin	State OH	Zip Code 43016-8241	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor Jameson Crane			Registration Number, if PAC			
Street Address 299 N Parkview Ave	Employer/Occupation/Labor Organization* Retired Retired		M 03	D 09	Y 15	Amount \$2,500.00
City Columbus	State OH	Zip Code 43209-1437	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sherry M. Geldin			Registration Number, if PAC			
Street Address 2503 Bryden Rd	Employer/Occupation/Labor Organization* Wexner Center for the Arts Director		M 03	D 09	Y 15	Amount \$500.00
City Columbus	State OH	Zip Code 43209-2133	Form (Cash, Check, etc.) Check			
Full Name of Contributor Donna James			Registration Number, if PAC			
Street Address 1 Miranova Pl Ste 340	Employer/Occupation/Labor Organization* Lardon and Associates President		M 03	D 09	Y 15	Amount \$250.00
City Columbus	State OH	Zip Code 43215-5072	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Johnson			Registration Number, if PAC			
Street Address 126 W Jeffrey Pl	Employer/Occupation/Labor Organization* Wexner Center for the Arts Deputy Director		M 03	D 09	Y 15	Amount \$500.00
City Columbus	State OH	Zip Code 43214-2019	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tom Katzenmeyer			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization* Greater Columbus Arts Council CEO		M 03	D 09	Y 15	Amount \$500.00
City	State	Zip Code	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nancy Kramer			Registration Number, if PAC			
Street Address 955 Urlin Ave	Employer/Occupation/Labor Organization* Resource Interactive Founder		M 03	D 09	Y 15	Amount \$500.00
City Columbus	State OH	Zip Code 43212-3322	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* Leadership Columbus Executive Director		M 03	D 09	Y 15	Amount \$250.00
City Columbus	State OH	Zip Code 43214-2022	Form (Cash, Check, etc.) Check			