

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mary Jo Hudson							
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC						Registration Number, if PAC LA1269	
Street Address 6805 Oak Creek Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43229-1501	M 09	D 01	Y 15	Amount \$5,000.00
Full Name of Contributor Gregory Overmyer						Registration Number, if PAC	
Street Address 2667 Sandover Rd			Employer/Occupation/Labor Organization* Overmyer Associates CEO			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43220-2868	M 09	D 16	Y 15	Amount \$150.00
Full Name of Contributor Thomas Poetter						Registration Number, if PAC	
Street Address 2118 Dana Dr			Employer/Occupation/Labor Organization* Miami University Professor			Form (Cash, Check, etc.) Credit Card	
City Oxford		State OH	Zip Code 45056-8923	M 10	D 06	Y 15	Amount \$200.00
Full Name of Contributor Steve Rasmussen						Registration Number, if PAC	
Street Address 1 Miranova Pl 2425			Employer/Occupation/Labor Organization* Nationwide CEO			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215-5072	M 09	D 11	Y 15	Amount \$350.00
Full Name of Contributor 9.16 ACC- Total contributions from Form no. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 09	D 16	Y 15	Amount \$450.00

* 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)]

Page Total \$6,150.00