31-A
R.C. 3517.10

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							Registration Number, if PAC
OAPSE AFSCME Turnaround Ohio PAC							LA1269
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6805 Oak Creek Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43229-1501	06	12	15		$2,500.00
Full Name of Contributor							**Registration Number, if PAC**
Robert Haverkamp							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
204 Hesperus Ave Apt 3	National Association of Edicational Procurement Lecturer						Credit Card
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gloucester	MA	01930-3911	07	04	15		$200.00
Full Name of Contributor							**Registration Number, if PAC**
David Fogarty							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2770 Berkshire Rd							Credit Card
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Cleveland Heights	OH	44106-3363	08	22	15		$100.00
Full Name of Contributor							**Registration Number, if PAC**
LYNN GREER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1014 Saturn Ct	Makin' things happen Owner						Credit Card
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Incline Village	NV	89451-8714	08	31	15		$1,000.00
Full Name of Contributor							**Registration Number, if PAC**
OAPSE AFSCME Turnaround Ohio PAC							LA1269
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6805 Oak Creek Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43229-1501	09	01	15		$5,000.00
Full Name of Contributor							**Registration Number, if PAC**
Winifred Ogle							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1669 Roxbury Rd							Credit Card
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43212-1957	09	08	15		$100.00
Full Name of Contributor							**Registration Number, if PAC**
Charlie Breitstadt							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
			09	09	15		$100.00
Full Name of Contributor							**Registration Number, if PAC**
Steve Rasmussen							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1 Miranova Pl 2425	Nationwide CEO						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43215-5072	09	11	15		$350.00

* 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 $9,350.00