

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 James Hagedorn					Registration Number, if PAC		
Street Address 3085 SE Saint Lucie Blvd		Employer/Occupation/Labor Organization* Scott's Miracle Gro CEO			Form (Cash, Check, etc.) Check		
City Stuart	State FL	Zip Code 34997-5423	M 06	D 01	Y 15	Amount \$1,000.00	
Full Name of Contributor Bill Hedrick					Registration Number, if PAC		
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-1101	M 05	D 02	Y 15	Amount \$50.00	
Full Name of Contributor IBEW PAC Voluntary Fund					Registration Number, if PAC		
Street Address 900 7th St NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State DC	Zip Code 20001-3886	M 05	D 01	Y 15	Amount \$500.00	
Full Name of Contributor Jill Murphey					Registration Number, if PAC		
Street Address 1598 Tuscarora Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123-9557	M 05	D 01	Y 15	Amount \$50.00	
Full Name of Contributor Nationwide Mutual Insurance PAC					Registration Number, if PAC		
Street Address 1 Nationwide Plz		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-2226	M 05	D 01	Y 15	Amount \$500.00	
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 05	D 01	Y 15	Amount \$500.00	

* 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 \$2,600.00