Statement of Contributions Received

	1
Page	<u>1</u>

Prescribed by Secretary of State 03/05

	Prescribed by Secre				
Name of Committee in Full Committee for Jim Mason					
Il Name of Contributor James Allison			Registration Number, if PAC		
Street Address 7737 Olentangy River Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
^{City} Columbus	State OH	Zip Code 43235	0 3 2 4 0 6	Amount \$250.00	
Full Name of Contributor John H. Bates**			Registration Number, if F	AC	
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	0 4 1 2 0 6	Amount \$150.00	
Full Name of Contributor Bergman & Yiangou (Robert D. Bergman**) Registration Number, if PAC					
Street Address 3099 Sullivant Ave.	Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43204	0 4 1 1 0 6	Amount \$200.00	
Full Name of Contributor James Wilmore Brown**			Registration Number, if PAC		
Street Address 580 S. High St., Suite 200	1	pation/Labor Organization* ployed/Attorney		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	0 ^M 4 0 6 0 6	Amount \$250.00	
Full Name of Contributor Elaine S. Buck**			Registration Number, if P	AC	
Street Address 1560 Fishinger Road	Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.)	
City Upper Arlington	State OH	Zip Code 43221	$0^{M} 4 0^{D} 6 0^{Y} 6$	Amount \$100.00	
Full Name of Contributor Registration Number, if PAC Robert D. Cohen					
Street Address 658 Laurel Ridge Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahannna	State OH	Zip Code 43230	0 ^M 3 0 ^D 6 0 ^Y 6	Amount \$500.00	
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	Stape OH	Zip Code	M D Y	Amount	
Full Name of Contributor Eric W. Johnson			Registration Number, if P.	AC	
Street Address 8317 Quail Haven Ct., Apt. C	Employer/Occu	pation/Labor Organization*	•	Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43235	0 4 1 0 0 6	Amount \$25.00	
Required for contributions from individuals over \$100 to sta	tewide and general asse	mbly candidates. If contributor	is self-employed, the occupa-	tion and the name of the	

Throughout this report ** indicates That the individual is likely an appointed of the court and in the current year of many of the previous six calendar upons, received aggregate compensation from court appointments in excess of two hundred fifty dollars.

Page Total \$1,475.00

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 also appear. [R.C. 3517.10(B)(4)]