

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Barry W. Epstein				Registration Number, if PAC		
Street Address 580 S. High St, Suite 130		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$100.00
Full Name of Contributor Blaise Baker				Registration Number, if PAC		
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$200.00
Full Name of Contributor Jeffrey E. Buskirk				Registration Number, if PAC		
Street Address 4557 Clayburn Dr. W.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 1	Y 0	Amount \$100.00
Full Name of Contributor Ronald E. Feister				Registration Number, if PAC		
Street Address 3760 Lima Dr.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M 1	D 1	Y 0	Amount \$50.00
Full Name of Contributor Christopher T. Cicero				Registration Number, if PAC		
Street Address 1308 W. Mound St.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 1	D 1	Y 0	Amount \$50.00
Full Name of Contributor Max Collins				Registration Number, if PAC		
Street Address 1861 Cambridge Bl.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor Madison Collins				Registration Number, if PAC		
Street Address 1861 Cambridge Bl.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor Alyese Collins				Registration Number, if PAC		
Street Address 1861 Cambridge Bl.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 1	D 1	Y 0	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$2,000.00**