

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Robert C. Hetterscheidt					Registration Number, if PAC		
Street Address 495 South High St., Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0	Amount \$400.00	
Full Name of Contributor Hillman & Wolery (Don E. Wolery)					Registration Number, if PAC		
Street Address 425 Metro Place N., Suite 460		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 0	D 9	Y 0	Amount \$500.00	
Full Name of Contributor Thomas E. Friedman **					Registration Number, if PAC		
Street Address 502 S. Third St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0	Amount \$100.00	
Full Name of Contributor Lilley & Associates (Rhonda Lilley) **					Registration Number, if PAC		
Street Address 1910 Crown Park Court		Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor Kinsley F. Nyce					Registration Number, if PAC		
Street Address 1601 West Fifth Ave., No. 112		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 1	Amount \$300.00	
Full Name of Contributor Charles C. Postlewaite, LLC (Charles C. Postlewaite) **					Registration Number, if PAC		
Street Address 3040 Riverside Dr., Suite 122		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 1	Amount \$500.00	
Full Name of Contributor Frederick Meister **					Registration Number, if PAC		
Street Address 150 E. Mound St., Suite 200		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$250.00	
Full Name of Contributor Carlile, Patchen & Murphy LLP (Anthony Deligatti)					Registration Number, if PAC		
Street Address 366 East Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$250.00	

* 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)]