

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Richard E. Sheetz						Registration Number, if PAC	
Street Address 5155 Bradenton Ave., Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 1 9 0 6	Amount \$25.00
Full Name of Contributor Gary Giller						Registration Number, if PAC	
Street Address 210 Stanberry Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 1 9 0 6	Amount \$350.00
Full Name of Contributor Fred D. Sakamoto DDS, Inc. (A Professional Corp. - Fred D. Sakamoto)						Registration Number, if PAC	
Street Address 3060 Lewis Center Rd.			Employer/Occupation/Labor Organization* Self-employed Dentist			Form (Cash, Check, etc.) Check	
City Lewis Center		State OH	Zip Code 43035	M 1	D 0	Y 1 9 0 6	Amount \$75.00
Full Name of Contributor Bailey Cavalieri, LLC (Michael P. Mahoney)						Registration Number, if PAC	
Street Address 10 West Broad St., Suite 2100			Employer/Occupation/Labor Organization* Bailey Cavaieri LLC - Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1 9 0 6	Amount \$200.00
Full Name of Contributor James M. Merkel						Registration Number, if PAC	
Street Address 262 Ashbourne Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 1 9 0 6	Amount \$100.00
Full Name of Contributor Gerrity & Burrier, Ltd. (Brian Burrier) **						Registration Number, if PAC	
Street Address 400 South Fifth St., Suite 302			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1 9 0 6	Amount \$500.00
Full Name of Contributor Joel G. Jose, DDS						Registration Number, if PAC	
Street Address 1375 Cherry Way DR., Suite 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 1 9 0 6	Amount \$100.00
Full Name of Contributor Cynthia Walker						Registration Number, if PAC	
Street Address 6525 Emmingford Dr., Apt. M			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State OH	Zip Code 43110	M 1	D 0	Y 1 9 0 6	Amount \$50.00

* 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)]