

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason									
Full Name of Contributor Susan Porter						Registration Number, if PAC			
Street Address 4523 Neiswander Sq.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State OH	Zip Code 43054		M 1	D 0	Y 3	M 0	Y 12
Full Name of Contributor Stephen Kleinman						Registration Number, if PAC			
Street Address 7331 Berkley Sq. N.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State OH	Zip Code 43054		M 1	D 0	Y 3	M 0	Y 12
Full Name of Contributor Susan Rector						Registration Number, if PAC			
Street Address 67 E. Deshler Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43206		M 1	D 0	Y 3	M 0	Y 12
Full Name of Contributor Stacey Gilbert						Registration Number, if PAC			
Street Address 768 Collingwood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43081		M 1	D 1	Y 0	M 9	Y 12
Full Name of Contributor Advocates for Effective Government PAC						Registration Number, if PAC OH108			
Street Address 52 E. Gay St., P.O. Box 1008			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 2	Y 0	M 3	Y 12
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	

* 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)]