Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee for Jim Mason | : | | | · | |
|--|---|--|-----------------------------|-----------------------------------|--|
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Randal D. Robinson | | | | | |
| Street Address 601 South High St. | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | 0 7 1 4 0 6 | Amount \$150.00 | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| John H. Bates ** | | | | | |
| Street Address 495 South High St., Suite 400 | | pation/Labor Organization* lloyed Attorney | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | 0 7 2 5 0 6 | Amount \$100.00 | |
| Full Name of Contributor Law Offices of Elaine S. Buck (Elaine S. Buck) ** | | | Registration Number, if PAC | | |
| Street Address 1560 Fishinger Rd. | | pation/Labor Organization* loyed Attorney | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | 0 7 2 6 0 6 | Amount \$100.00 | |
| Full Name of Contributor Pamela J. Bertram Registration Number, if PAC | | | | | |
| Street Address 8425 Pulsar Pl., Suite 240 | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43240 | 0 7 2 7 0 6 | Amount \$100.00 | |
| Full Name of Contributor Law Offices of Fisher & Douglas (Mark Fisher) Registration Number, if PAC | | | | | |
| Street Address 503 South High St., Suite 210 | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | 0 8 0 3 0 6 | Amount \$100.00 | |
| Full Name of Contributor Nancy K. Wonnell ** | ii | | | Registration Number, if PAC | |
| Street Address 330 South High St. | | Employer/Occupation/Labor Organization* Self-employed Attorney | | Form (Cash, Check, etc.). Check | |
| City Columbus | State OH | Zip Code 43215 | 0 8 1 6 0 6 | Amount \$50.00 | |
| Full Name of Contributor Christopher J. Minillo Registration Number, if PAC | | | | | |
| Street Address 1500 W. Third St., Suite 400 | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43212 | 0 8 2 2 0 6 | Amount \$100.00 | |
| Full Name of Contributor Christopher T. Cicero Registration Number, if PAC | | | | | |
| Street Address 1308 E. Mound St. | Employer/Occup | ation/Labor Organization* | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43223 | M D Y O 6 | Amount \$100.00 | |

** Throughout this report ** indicates that the individual is likely an appointee of the Court and in the current year or in any of the previous six calendar years, received aggregate

Page Total \$800.00

^{*} 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)]