

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Michael J. Johrendt					Registration Number, if PAC		
Street Address 42 Park Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 0	D 3	Y 2	Amount \$250.00	
Full Name of Contributor Steven J. Kokensparger**					Registration Number, if PAC		
Street Address 463 Tresham Rd.		Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 0	D 4	Y 0	Amount \$250.00	
Full Name of Contributor Gregg R. Lewis					Registration Number, if PAC		
Street Address 625 City Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 0	D 4	Y 0	Amount \$250.00	
Full Name of Contributor Christopher J. Minnillo					Registration Number, if PAC		
Street Address 1500 W. Third Ave., Suite 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43212	M 0	D 4	Y 0	Amount \$100.00	
Full Name of Contributor Linda F. Mosbacher**					Registration Number, if PAC		
Street Address 6381 Clark State Rd.		Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 0	D 4	Y 0	Amount \$100.00	
Full Name of Contributor Charles C. Postlewaite, L.L.C. (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 3	Y 2	Amount \$500.00	
Full Name of Contributor Carol O. Ray					Registration Number, if PAC		
Street Address 2030 Tremont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43221	M 0	D 3	Y 2	Amount \$50.00	
Full Name of Contributor Craig P. Treneff**					Registration Number, if PAC		
Street Address 555 S. Front St., Suite 320		Employer/Occupation/Labor Organization* Self-employed/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 1	Amount \$200.00	

* 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 **\$1,700.00**