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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason		***************************************			
Full Name of Contributor Pamela J. Bertram			Registration Number, if F	PAC	
Street Address 8425 Pulsar Place, Suite 240	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43240	1 1 0 6 0 6		
Full Name of Contributor Richard Ferguson			Registration Number, if P		
Street Address 50 W. Broad St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	1 1 0 6 0 6		
Full Name of Contributor Ray J. King **			Registration Number, if P		
Street Address 107 W. Johnstown Rd.	Self-empl	upation/Labor Organization* ployed Attorney		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	1 1 0 7 0 6		
Full Name of Contributor Frank J. Reed, Jr			Registration Number, if P		
Street Address 817 Pleasant Ridge Ave.		upation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	1 1 0 7 0 6	Amount \$100.00	
Full Name of Contributor Lynn F. Baum			Registration Number, if P.		
Street Address 6930 New Albany Rd. East		upation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	1 1 0 7 0 6	, , , , , ,	
Full Name of Contributor Michael T. Gunner			Registration Number, if P.	Registration Number, if PAC	
Street Address 3535 Fishinger Blvd, Suite 220	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	1 1 1 4 0 6	Amount \$50.00	
Full Name of Contributor  John P. Johnson, II			Registration Number, if Pa		
Street Address 567 Spring Brk E.		pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M D Y 1 1 1 4 0 6	Amount \$100.00	
Full Name of Contributor Paul W. Leithart, II			Registration Number, if Pa		
Street Address 133 Misty Oak Pl.		pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M D Y 1 1 1 4 0 6	Amount \$50.00	

<sup>\*</sup> 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)]