

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Linda J. Lawrence **				Registration Number, if PAC		
Street Address 496 S. 3RD St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 5 0 6	Amount \$100.00
Full Name of Contributor Anthony Auten				Registration Number, if PAC		
Street Address 5761 Travis Pointe Ct.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	M 0	D 9	Y 2 7 0 6	Amount \$100.00
Full Name of Contributor John H. Bates **				Registration Number, if PAC		
Street Address 495 South High St., Suite 400		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 7 0 6	Amount \$50.00
Full Name of Contributor Andrew S. Grossman				Registration Number, if PAC		
Street Address 2645 Bryden Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2 8 0 6	Amount \$400.00
Full Name of Contributor Thomas J. Ryan, II				Registration Number, if PAC		
Street Address 252 Pocono Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2 8 0 6	Amount \$200.00
Full Name of Contributor Marty Anderson				Registration Number, if PAC		
Street Address 3409 River Seine St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2 9 0 6	Amount \$225.00
Full Name of Contributor Richard L. Morris Co. LPA (Richard Morris) **				Registration Number, if PAC		
Street Address 4605 Morse Rd., Suite 100		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2 9 0 6	Amount \$1,000.00
Full Name of Contributor Zeidan & Associates LLC (George Zeidan)				Registration Number, if PAC		
Street Address 1170 Old Henderson Rd., Suite 112		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 9	Y 2 9 0 6	Amount \$150.00

* 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 **\$2,225.00**