

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Suzanne K. Sabol **						Registration Number, if PAC	
Street Address 820 S. High St.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 0	D 9	Y 2 9	Amount \$500.00
Full Name of Contributor Susan M. Lantz **						Registration Number, if PAC	
Street Address 909 Schillingwood Dr.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 0 2	Amount \$75.00
Full Name of Contributor Lisa M. Slotnick **						Registration Number, if PAC	
Street Address 169 E. Livingston Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 2	Amount \$30.00
Full Name of Contributor Gary J. Gottfried Co. LPA (Gary Gottfried)						Registration Number, if PAC	
Street Address 1265 Neil Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201	M 1	D 0	Y 0 4	Amount \$1,000.00
Full Name of Contributor H. Russell Anderson **						Registration Number, if PAC	
Street Address 399 Highgate Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 1	D 0	Y 0 4	Amount \$250.00
Full Name of Contributor Karen Held Phipps						Registration Number, if PAC	
Street Address 4333 Reed Rd.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 1	D 0	Y 0 4	Amount \$75.00
Full Name of Contributor Richard Ferguson						Registration Number, if PAC	
Street Address 50 West Broad St., Suite 1321			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 4	Amount \$250.00
Full Name of Contributor Tracie Boyd						Registration Number, if PAC	
Street Address 5628 Valencia Park Blvd.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 1	D 0	Y 0 4	Amount \$25.00

* 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 **\$2,205.00**