

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Kristie C. Kuhn **					Registration Number, if PAC	
Street Address 490 City Park Avenue		Employer/Occupation/Labor Organization* Britt, Campbell, Nagel & Sproat/Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 4 0 6	Amount \$100.00
Full Name of Contributor Jeffrey L. Smalldon **					Registration Number, if PAC	
Street Address 6048 Rocky Rill Rd.		Employer/Occupation/Labor Organization* Self-employed/Psychologist			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 8	Y 2 4 0 6	Amount \$100.00
Full Name of Contributor Robert C. Hetterscheidt					Registration Number, if PAC	
Street Address 495 South High St., Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 1 0 6	Amount \$100.00
Full Name of Contributor Rich, Crites & Dittmer (Michael Crites)					Registration Number, if PAC	
Street Address 300 E. Broad St., Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 5 0 6	Amount \$200.00
Full Name of Contributor J. Greg Tipton **					Registration Number, if PAC	
Street Address 3006 North High St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	M 0	D 8	Y 2 5 0 6	Amount \$100.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co. LPA PAC					Registration Number, if PAC CP-1058	
Street Address 300 Spruce St.		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 3 0 0 6	Amount \$1,000.00
Full Name of Contributor Anthony F. Mollica					Registration Number, if PAC	
Street Address PO BOX 20326, 1601 Bethel Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 3 1 0 6	Amount \$100.00
Full Name of Contributor Peter H. Riddell					Registration Number, if PAC	
Street Address 194 W. Johnstown Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 0 1 0 6	Amount \$100.00

* 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 **\$1,800.00**