

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason				
Full Name of Contributor			Registration Number, if PAC	
Karin Collins-Zink				
Street Address 1861 Cambridge Bl.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	1 1 0 3 0 6	Amount \$500.00
Full Name of Contributor Registra			Registration Number, if F	AC
Eric W. Johnson				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
8317 Quail Haven court				Check
City Columbus	State OH	Zip Code 43235	1 1 0 3 0 6	Amount \$100.00
Name of Contributor Robert B. Hawley, II			Registration Number, if F	AC
Street Address 9428 Wayne Brown Dr.	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	1 1 0 3 0 6	Amount \$175.00
Full Name of Contributor SMD/HLS Bonding Co. LLC (Harvey Handler) Registration Number, if PAC				
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
571 S. High St.	State	Zip Code	M D Y	Check Amount
Columbus	OH	43215	1 1 0 3 0 6	\$1,500.00
Full Name of Contributor Registration Number, if PAC Robin R. Obetz				
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
52 E. Gay St.				Check
City Columbus	OH,	Zip Code 43215	1 1 0 3 0 6	Amount \$100.00
Full Name of Contributor Harry Lewis Co. LPA (Gregg Lewis) Registration Number, i				AC
Street Address 625 City Park	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	1 1 0 3 0 6	Amount \$250.00
Full Name of Contributor Kaltnecker & Associates CPAS, LLC (Lisa Kaltnecker) Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2740 E. Main St.				Check
City Columbus	State OH	Zip Code 43209	1 1 0 6 0 6	Amount \$50.00
Full Name of Contributor K. R. Nose				
Street Address 1371 Virginia Lee Rd	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check
137 Virginia Lee Rd	State OH	Zip Code 4 3 2 0 9	M D Y 1 1 0 6 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)]