

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor J. David Bourke, Jr.						Registration Number, if PAC	
Street Address 260 Eastmoor Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor Franklin County Republican Party - Judicial Account						Registration Number, if PAC	
Street Address 14 E. Gay St., 2nd Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$3,000.00
Full Name of Contributor Richard D. Colby **						Registration Number, if PAC	
Street Address 6984 Lakebrook Blvd.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235	M 1	D 0	Y 3	Amount \$500.00
Full Name of Contributor Franklin County Forum (David Michael)						Registration Number, if PAC	
Street Address 6681 Mothwood St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 1	D 0	Y 3	Amount \$25.00
Full Name of Contributor Michael F. Colley Trust (E. F. Whipps, Trustee)						Registration Number, if PAC	
Street Address 500 South Front St., Suite 860			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$1,000.00
Full Name of Contributor Charles C. Postlewaite, LLC (Charles Postlewaite) **						Registration Number, if PAC	
Street Address 3040 Riverside Dr., Suite 122			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 1	D 0	Y 3	Amount \$200.00
Full Name of Contributor K. A. Manoranjan						Registration Number, if PAC	
Street Address 344 Cramer Creek Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 3	Amount \$200.00
Full Name of Contributor David Lowenstein **						Registration Number, if PAC	
Street Address 163 S. Dawson Ave.			Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 3	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)]