

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Scott N. Friedman **						Registration Number, if PAC	
Street Address 7706 Sutton Place			Employer/Occupation/Labor Organization* Friedman & Mirman LPA/Attorney			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 2 0 0 6
						Amount \$250.00	
Full Name of Contributor Denise M. Mirman						Registration Number, if PAC	
Street Address 1446 Briarmeadow Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 2 0 0 6
						Amount \$250.00	
Full Name of Contributor Cynthia N. Friedman						Registration Number, if PAC	
Street Address 76 Ashbourne Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 2 0 0 6
						Amount \$250.00	
Full Name of Contributor Frederick M. Isaac						Registration Number, if PAC	
Street Address 250 E. Broad St., 9th Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2 0 0 6
						Amount \$500.00	
Full Name of Contributor Virginia C. Cornwell **						Registration Number, if PAC	
Street Address 408 Emory St.			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 0 0 6
						Amount \$50.00	
Full Name of Contributor John A. Tarpey, Ph.D. **						Registration Number, if PAC	
Street Address 265 E. Livingston Avenue			Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2 1 0 6
						Amount \$100.00	
Full Name of Contributor Anthony F. Mollica						Registration Number, if PAC	
Street Address Box 20326, 1601 Bethel Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220		M 0	D 9	Y 2 1 0 6
						Amount \$100.00	
Full Name of Contributor Kay L. Meister						Registration Number, if PAC	
Street Address 205 S. Cassingham Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209		M 0	D 9	Y 2 2 0 6
						Amount \$500.00	

* 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)]