

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor John H. Kochensparger, II Trust (Anne K. Powers, Trustee)					Registration Number, if PAC	
Street Address 2420 Maryland Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1 3 0 6	Amount \$200.00
Full Name of Contributor Homestead Property Management Company (An LLC - David Anderson)					Registration Number, if PAC	
Street Address 81 South 5th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 3 0 6	Amount \$100.00
Full Name of Contributor Stephanie L. Gibson **					Registration Number, if PAC	
Street Address 500 South 4th Street.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 1	D 0	Y 1 3 0 6	Amount \$200.00
Full Name of Contributor Barry W. Epstein					Registration Number, if PAC	
Street Address 580 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 6 0 6	Amount \$100.00
Full Name of Contributor Connor Behal LLP (Robert Behal)					Registration Number, if PAC	
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 6 0 6	Amount \$300.00
Full Name of Contributor Robert J. Behal					Registration Number, if PAC	
Street Address 2531 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1 6 0 6	Amount \$250.00
Full Name of Contributor Porter, Wright, Morris & Arthur, LLP (Mark K. Merkle, Jr.)					Registration Number, if PAC	
Street Address 41 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 6 0 6	Amount \$500.00
Full Name of Contributor The Title Company Htd (an LLC Tammy Besece)					Registration Number, if PAC	
Street Address 1824 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43203	M 1	D 0	Y 1 0 0 6	Amount 100⁰⁰

* 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)]