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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 I	PAC
Nationwide Reinforcing Ltd. (An LLC -	Robert R. Thoma	as)		
Street Address 1170 Old Henderson Rd., Suite 109	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 2 9 0 6	Amount \$500.00
Full Name of Contributor			Registration Number, if I	PAC
Rateb Khasawneh	 			
Street Address 6292 Bannister DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	0 9 2 9 0 6	·
Il Name of Contributor Eric M. Wahl **			Registration Number, if PAC	
Street Address 3686 Killington Ct.	* *	upation/Labor Organization* bloyed Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 2 9 0 6	Amount \$200.00
Full Name of Contributor Charles K. Milless			Registration Number, if F	PAC
Street Address 400 S. 5Th St., Suite 303	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 2 9 0 6	Amount \$100.00
Full Name of Contributor Spencer R. Benedict	,		Registration Number, if F	PAC
Street Address 400 S. 5th St, Suite 102	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 2 9 0 6	Amount \$100.00
Full Name of Contributor LeeAnn Massucci **	<u> </u>		Registration Number, if F	PAC
Street Address 2509 Canterbury Rd.		upation/Labor Organization* whirst, LLP, Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 2 9 0 6	Amount \$150.00
ull Name of Contributor Warren Tyler			Registration Number, if PAC	
Street Address 3409 River Seine St.	Employer/Occur	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 2 9 0 6	Amount \$250.00
Full Name of Contributor Gerrity & Burrier Ltd. (Brian Burrier) **	k		Registration Number, if P	AC .
Street Address 400 South Fifth St., Suite 302	' '	pation/Labor Organization* Dyed Attorney	-	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M D Y O 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)]