

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Friedman & Mirman Co. LPA (William S. Friedman)					Registration Number, if PAC		
Street Address 1320 Dublin Rd., Suite 101		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$1,000.00	
Full Name of Contributor Nancy L. Sponseller					Registration Number, if PAC		
Street Address 425 Metro Place N., Suite 640		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1	Amount \$500.00	
Full Name of Contributor Wolinetz Law Offices, LLC (Barry H. Wolinetz)					Registration Number, if PAC		
Street Address 250 Civic Center Drive, Suite 100		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$3,000.00	
Full Name of Contributor Lawrence Shell					Registration Number, if PAC		
Street Address 2670 Sherwood Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor Mark A. Wagenbrenner					Registration Number, if PAC		
Street Address 1960 Chatfield Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43221	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor John C. Hemphill					Registration Number, if PAC		
Street Address 370 S. Fifth St., Suite G8		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Christopher D. Masoner					Registration Number, if PAC		
Street Address 17 N. Harding Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor Charles W. Rath					Registration Number, if PAC		
Street Address 2640 Brentwood Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$250.00	

* 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)]

Throughout this report ** indicates that the individual is likely an appointee of the court and in the current year or many of the previous six calendar years, received aggregate compensation from court appointments in excess of two hundred fifty dollars.

Page Total \$5,050.00